

# Hotwells Surgery

## Quality Report

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Date of inspection visit: 18 May 2016  
Date of publication: 10/08/2016

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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# 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 Hotwells Surgery on 18 May 2016. Overall the practice is rated as requires improvement. The domains of, caring and responsive were assessed at being good. The domain of safe was rated as inadequate and the domains of effective, responsive and well led required improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Improvements are required in respect of practice management. The practice had a limited number of policies and procedures to govern activity. Key policies and procedures were not in place to direct and guide staff and to further ensure that all staff

were aware of their role and responsibilities. Risks to patients care and treatment were assessed and well managed with the exception of those relating to recruitment checks.

- Data showed patient outcomes were similar to the national average.
- Patients said they were treated with compassion, dignity and respect. Patients told us they felt cared for, supported and listened to and 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 there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was equipped to treat patients and meet their current needs.

# Summary of findings

- 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 must make improvements are:

- The provider must ensure there are documented key policies and procedures, such as medicines management, Patient Group Directions and business continuity plans, to ensure all staff were aware of their role and responsibilities and were working effectively and safely to deliver the service.
- The provider must implement recruitment practices and ensure they are carried out effectively in order that safe recruitment processes being followed.
- The provider must implement a robust process to ensure that staff have the necessary training, supervision and appraisal to carry out their roles.
- The provider must ensure there is an overarching recorded approach to meeting health and safety at the practice including meeting legislative requirements relating to Control of Substances Hazardous to Health (COSHH), fire safety, and risk assessments in regard to the safety of people and the environment of the building.

The areas where the provider should make improvements are:

- The provider should implement an effective system of recording minutes of meetings so that discussions and decisions can be effectively shared, other than by verbal handover.
- The provider should implement an effective system of identifying carers in order to provide the most appropriate support they require.
- The provider should have an effective system in place for regularly seeking patient's opinions about the service.
- The provider should have an effective system of ensuring that practice opening hours are in line with what the expected NHS England contracting agreements for core hours between 8am and 18:30pm Monday to Friday, the exception being Bank Holidays, Saturdays and Sundays.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

**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 inadequate for providing safe services and improvements must be made.

- There was an effective system in place for reporting and recording significant events.
- There were gaps in documented key policies and procedures, such as medicines management, Patient Group Directions and business continuity, which provide direction to staff and ensure all staff work effectively and safely to deliver the service.
- Recruitment practices were not carried out effectively to ensure appropriate staff were employed.
- There was not a robust process to ensure that staff had the necessary training, supervision and appraisal to carry out their roles.
- There was not an overarching recorded approach to meeting health and safety at the practice including meeting legislation relating to Control of Substances Hazardous to Health (COSHH), fire, and risk assessments in regard to the safety of people and the environment of the building.
- Minutes of meetings were not recorded so discussions and decisions were not effectively shared other than by verbal handover.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were variable compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was minimal information to show that staff had access to some aspects of training to ensure they had the skills, knowledge and experience to deliver effective care and treatment to meet the current needs of the patients.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



### 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.
- Patients told us they were treated with kindness and respect, and staff maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement 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.
- The opening hours were below what the expected NHS England contracting agreements for core hours were between 8am and 18:30pm Monday to Friday, the exception being Bank Holidays, Saturdays and Sundays.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had the necessary facilities and was 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.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice was provided by an individual GP who employed a salaried GP and locums to deliver the service. The provider had a vision and a strategy, but this was not documented in detail which meant there was a risk that staff were unaware of it and their responsibilities to ensure it was fulfilled.
- There were gaps in documented key policies and procedures, such as medicines management and business continuity, which would ensure all staff were working effectively and safely to deliver the service.
- Recruitment practices were not carried out effectively to ensure appropriate staff were employed.

**Requires improvement**



# Summary of findings

- There was not a robust process to ensure that staff had the necessary training, supervision and appraisal to carry out their roles.
- There was not an overarching recorded approach to meeting health and safety at the practice including meeting legislation relating to Control of Substances Hazardous to Health (COSHH), fire, and general risk assessments in regard to people and the environment of the building.
- Minutes of meetings were not recorded so that discussions and decisions could not be effectively shared other than by undocumented verbal handover.

# 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

**Requires improvement**



The practice is rated as requires improvement for the care of older people. The provider was rated as Inadequate for the safe domain and requires improvement for the effective and well-led domains. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The National GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages.
- 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.
- However, there were gaps in the arrangements for business governance of the practice which had the potential to put patients and staff safety at risk.

### People with long term conditions

**Requires improvement**



The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as Inadequate for the safe domain and requires improvement for the effective and well-led domains. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The National GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages.
- Nursing staff worked in conjunction with the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

# Summary of findings

- 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.
- However, there were gaps in the arrangements for business governance of the practice which had the potential to put patients and staff safety at risk.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as Inadequate for the safe domain and requires improvement for the effective and well-led domains. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The National GP patient survey results were published January 2016 the results showed the practice was performing in line with local and national averages.
- 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 comparable for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with mental health teams, health visitors and other external services.
- However, there were gaps in the arrangements for business governance of the practice which had the potential to put patients and staff safety at risk.

**Requires improvement**



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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as Inadequate for the safe domain and requires improvement for the effective and

**Requires improvement**





# Summary of findings

well-led domains. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The National GP patient survey results were published January 2016 the results showed the practice was performing in line with local and national averages.
- 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 and had just started offering online services as well as a range of health promotion and screening that reflected the needs for this population group.
- However, there were gaps in the arrangements for business governance of the practice which had the potential to put patients and staff safety at risk.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as Inadequate for the safe domain and requires improvement for the effective and well-led domains. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The National GP patient survey results were published January 2016 the results showed the practice was performing in line with local and national averages.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for vulnerable patients and patients with a learning disability.
- The practice was responsive and provided immediate access to clinicians for vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Requires improvement**



# Summary of findings

- 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.
- However, there were gaps in the arrangements for business governance of the practice which had the potential to put patients and staff safety at risk.

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

### Requires improvement



The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as Inadequate for the safe domain and requires improvement for the effective and well-led domains. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The National GP patient survey results were published January 2016 the results showed the practice was performing in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients living 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

- However, there were gaps in the arrangements for business governance of the practice which had the potential to put patients and staff safety at risk.

# Summary of findings

## What people who use the service say

The National GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages. Of the 285 survey forms were distributed and 111 were returned. (About 3.6% of the practice's patient list). This was a 39% response rate which was comparable to the national average of 38%.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 96% 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%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% 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 17 comment cards which were all positive about the standard of care received. Additional

comments were that staff were friendly and approachable to ask advice. Patients said they appreciated the friendly atmosphere and that they experienced a personal service from staff at the practice.

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% 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%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

## Areas for improvement

### Action the service **MUST** take to improve

- The provider must ensure there are documented key policies and procedures, such as medicines management, Patient Group Directions and business continuity plans, to ensure all staff were aware of their role and responsibilities and were working effectively and safely to deliver the service.
- The provider must implement recruitment practices and ensure they are carried out effectively in order that safe recruitment processes being followed.
- The provider must implement a robust process to ensure that staff have the necessary training, supervision and appraisal to carry out their roles.

- The provider must ensure there is an overarching recorded approach to meeting health and safety at the practice including meeting legislative requirements relating to Control of Substances Hazardous to Health (COSHH), fire safety, and risk assessments in regard to the safety of people and the environment of the building.

### Action the service **SHOULD** take to improve

- The provider should implement an effective system of recording minutes of meetings so that discussions and decisions can be effectively shared, other than by verbal handover.

## Summary of findings

- The provider should implement an effective system of identifying carers in order to provide the most appropriate support they require.
- The provider should have an effective system in place for regularly seeking patient's opinions about the service.
- The provider should have an effective system of ensuring that practice opening hours in line with what the expected NHS England contracting agreements for core hours between 8am and 18:30pm Monday to Friday, the exception being Bank Holidays, Saturdays and Sundays.

# Hotwells Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Hotwells Surgery

The provider is Dr Nicholas Ring, who provides a service at Hotwells Surgery; this is located in the Hotwells area of Bristol. They have approximately 3103 patients registered who live within the Hotwells area of Bristol.

The practice operates from one location:

2 Charles Place

Hotwells

Bristol

BS8 4QW

The Hotwells Surgery is situated in an adapted building close to the residential areas of Hotwells and one of the main routes into the city of Bristol. There are two consulting rooms, a treatment room, reception and waiting room on the ground floor. On the first floor there are offices, staff kitchen and areas for storing records. There is no patient parking, although there is a free public car park a short distance away.

The practice is provided by an individual GP (male) who employs a small team of staff including regular locums. The practice's core team of employed staff include one salaried

GP (female), a practice nurse, three receptionists, a secretary and a clerk. Three male locum GPs and one locum practice nurse (female) supplemented the clinical team.

Hotwells Surgery is open from 8.30am until 1pm, Monday to Friday, with the exception of Thursday when it closes at 12noon. In the afternoons Monday, Tuesday and Wednesday the surgery reopens at 3pm until 6.30pm, and on Friday it is open from 3pm until 5pm. Appointments are available from 9am to 11am and 4pm to 6pm every day. The exception is Friday which is 3pm to 5pm. Patients can call the practice and speak to a receptionist or dial directly the GPs mobile during the day when the practice is closed.

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, immunisations and unplanned hospital admission avoidance.

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 practice website. However, the provider gives his mobile number to patients for direct contact should the need arise. When the provider is absent the salaried GP takes over this role.

#### Patient Age Distribution

0-4 years old: 5% (the national average 5.9%)

5-14 years old: 7.6% (the national average 11.4%)

Under 18 years old: 14.4% (the national average 20.7%)

65-74 years old: 11.2% (the national average 17.1%)

75-84 years old: 4.5% (the national average 5.9%)

85+ years old: 1.1% (the national average 2.3%)

# Detailed findings

## Other Population Demographics

% of patients with a long standing health condition is 46.6% (the national average 54%)

% of patients in paid work or full time education is 75.7% (the national average 61.5%)

7.2% of the practice population was from a Black and Minority Ethnic background.

## Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 14.7 (the national average 21.8). The lower the number the more affluent the general population in the area, is.

Income Deprivation Affecting Children (IDACI): is 10.2% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 13.7% (the national average 16.2%)

## 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 18 May 2016.

During our visit we:

- Spoke with a range of staff including locum GPs and administration and reception staff. . The practice nurse was not present.
- Observed how patients were being cared for.
- 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 lead GP of any incidents. There was no specific documented policy or procedure for staff to follow. The lead GP did use a recording form; however, the form did not provide detail in respect of the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and spoke with staff about meetings where these were discussed. We saw evidence recorded in the incident recording form that lessons were learned and action was taken to improve safety in the practice. For example, a sudden death of a patient raised a significant event investigation. The patient's refusal to accept specific on-going treatment for heart problems led to a review of the GPs practice in being more assertive in outlining the risks for declining the treatment available.

### Overview of safety systems and processes

The practice had some 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. The one member of administration staff we spoke with demonstrated they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to child protection or child safeguarding level three. The practice had not sought, hold information or have knowledge of the level of training for safeguarding both adults and children for the locum nursing staff employed.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. The practice nurse was not present on the day of our inspection and no documentary information was available to confirm the practices engagement with the local infection protection teams and the staff present at the practice were unable to provide further information. There was an infection control protocol in place and staff had received up to date training. There was evidence of an infection control audit undertaken in May 2015. No specific risks had been identified by this audit.
- The practice had no written medicines policy. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice was undertaken by the practice nurse. We found the practice nurse stored medicines in the treatment room safely in regard to the correct room temperature, and when medicines required refrigeration. All medicines were within their expiry date, stock medicines were rotated and appropriate levels kept. There were no controlled medicines kept at the practice. We found the treatment room remained locked when the practice nurse was not present; however, medicines were not securely stored within locked cupboards or within a lockable fridge. Areas where medicines were stored were not kept securely as administration; locum and contract cleaning staff had full access to the key to the treatment room.



## Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We were informed by administration staff and the principal lead GP there was a system of managing blank prescription forms and pads which were stored securely when not in use. However we found during the inspection that blank prescription forms provided within a prepared locum GP pack were not stored securely and we found blank prescription forms in a printer in an unattended office. When we informed staff these were removed and stored securely immediately. There was no system to log prescription serial numbers to specific rooms or staff. And as a result of this there was no audit trail of prescriptions.
- We saw that the practice nurse, who was not present to speak to, administered vaccines and we sought information from the principal lead GP about the Patient Group Directions which should be adopted by the practice to allow the nurse to administer these medicines in line with legislation. The principal lead GP could not provide documentary evidence that these were in place.
- We reviewed three personnel files of staff working at the practice, two of these three employment records related to staff who had been employed before GP services were required to register under the Health and Social Care Act 2010. There was very limited information apart from contracts of employment. For one member of administration staff who acted as a chaperone a check through the Disclosure and Barring Service (DBS) had been made. For this member of staff and others there was no proof of identity, photograph, work history or evidence that references had been sought. There was no DBS check for the practice nurse or recent check to ensure that they were registered to practice with Nurse and Midwifery Council (NMC). We also looked at the information held at the practice for a locum nurse and four GP locums. Of these four GP locums, three were currently providing support at the practice. We found inadequate documentary evidence that appropriate recruitment checks had been undertaken prior to employment or that information about regular locum staff had been retained. There was only recruitment identification in regard to two GP locums. There were no

references or evidence of the decision about the suitability of prospective locum staff. Copies of professional qualifications had not been obtained, and although there were copies of entry of registration with the appropriate professional body, the General Medical Council (GMC) for the GPs. There was no evidence of any checks carried out on the nursing staff's entry on the NMC register. There was no evidence that further checks had been carried out to ensure that they remained on the GMC or NMC register at the time they were engaged to work at the practice. We saw there was information to show that two locum GPs had provided copies of DBS checks that had been carried out either at their previous or main employment. There was no evidence that checks had been made to ensure they remained on the NHS Performers List. Copies of the locum GPs immunisation status and their membership of the insurance indemnity were in place.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was no overall health and safety policy available and there was no identified local health and safety representative to lead the practice in providing a safe service. The practice staff told us they had carried out in house fire risk assessments and regular fire drills, however there were no records available to support this. We were told the provider engaged an external contract on an annual basis to carry out a fire risk assessment and check. We saw the document supporting the previous assessment March 2016. We were told they the practice had delayed engaging an external contractor to undertake the fire safety risk assessment (which had been due in March 2016) because of impending changes in the provider ownership and a move to other premises. This did not occur as planned. 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 minimal number of other risk assessments in place to monitor safety of the premises. Written risk assessments such as the control of substances hazardous to health, the overall environment of the building, disability access and slip, trips and falls risk assessments were not in

## Are services safe?

place. There were risk assessments and policies and procedures for lone working, infection control and moving and handling. A very brief legionella initial risk assessment document had been completed by the provider in July 2015 but there was no documented evidence that safety checks on showers and water outlets, identified as actions to reduce the risk, had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for ensuring the number of staff and mix of staff needed to meet patients' needs was implemented. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The lead GP had arrangements in place for GP and nurse cover should it be required. Separate agreements were in place for supporting administration and reception staff with other members of the proposed merging practice group being used as locum administration staff.

### **Arrangements to deal with emergencies and major incidents**

The practice had 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.
- The principal GP and a receptionist had received basic life support training during 2015. Information regarding

the other staff was not available. There was information in two of the locum GPs records that they had completed basic life support training at other employment.

- There were no emergency medicines available in the treatment room other than adrenaline to respond to anaphylactic shock. We were told and saw that the principal GP kept some emergency medicines in their bag which they took with them on home visits. The medicines we saw in the principal GP's bag were stored appropriately and within the manufacturer's expiry date. There was no recorded method of checks for these medicines.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The equipment also included portable suction. A first aid kit was available. All had been checked by the supplier or appropriate contractor or engineer. However, there was no recorded information available at the time of the inspection to show that routine checks of this equipment by staff were carried out.

The practice did not have a written business continuity plan in place for major incidents such as power failure or building damage. The principal GP told us what actions they would take if the building was unable to be used. However, there was no recorded information for other staff to follow if the principal GP was unavailable.

# 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. The principal GP received information and shared it with appropriate staff within the practice at the twice weekly meetings held between staff. We found through discussion the principal GP monitored care and treatment given to all the patients registered at the practice. This was through reviewing care plans, test results, audits, checks on patient's records and correspondence received.

### 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 91.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.4% and the national average of 94.8%. We looked at data in regard to exception reporting and saw larger than expected variations in the figures. For example:

- Atrial fibrillation 17.6%, Clinical Commissioning Group (CCG) average 10%, England average 11%.
- Coronary Heart Disease 14.8%, Clinical Commissioning Group (CCG) average 9.3%, England average 8.1%.
- Heart Failure 18.8% Clinical Commissioning Group (CCG) average 8.5%, England average 9.3%. For the practice this was 10 patients who had been identified for removal from the QOF calculations.

It was clear through discussion that the principal lead GP had only recently identified they had not used the system of exception reporting effectively previously and this had impacted on the results. (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 did not have any significant outliers for any QOF (or other national) clinical targets that could not be explained by the principal GP. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patient 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 12.3% (CCG 12.9% and national average 8.75%)
- Performance for mental health related indicators was similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have comprehensive agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 86.3% (CCG 91% and national average 88% ).

We discussed areas identified in the QOF information we had available to us where results were varied from CCG and national averages. For example, cervical smear testing and breast screening. It was identified that these figures could be attributed to the changes in the population group registering with the practice. Staff had identified, which was supported by statistics, there had been around a 20% turnover of patients per annum.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, these were a mixture of medicine prescribing audits, data collection (minor surgery) and medicine reviews. These included local audits linked to information requested by the clinical commissioning group. There was no significant information to show from these audits that changes to improve the practice had been required or implemented.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had a staff handbook for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, and confidentiality. GP locums were provided with a locum information pack including detail of where to find information.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the principal lead GP had undertaken e learning in February 2016 safeguarding level 3 for adults. The practice nurse for Spirometry (testing of lung function) and dermatology. The practice had supported the locum practice nurse with training in areas such as travel health, ear care and an introduction to wound and leg ulcer management. There was no documentary information available to show that the lead practice nurse, who administered vaccines and took samples for the cervical screening programme, had received specific training which had included an assessment of competence or that they had attended recent updates. We were told that the practice nurse had completed online updates and attended local practice nurse meetings quarterly. The learning needs of staff were identified through discussions with the principal GP. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included accessing e-learning for mandatory training such as safeguarding, fire safety and equality and diversity. We saw two examples of annual appraisal carried out in 2013. The principal GP stated that they had got behind in recording meetings, discussions and personal development planning. The principal GP and the salaried GP had undertaken or were in the process of revalidation.

### 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. We were told the principal lead GP took responsibility to monitor all correspondence, communication and information received in about patients' health and medical needs.

- This included individual patient care and risk assessments, care plans, medical records and investigation and test results.

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

Through discussion it was evidence there was an effective oversight of patients' needs. The principal GP identified there were 45 patients on the hospital admission avoidance list with a care plan in place, three patients with a learning disability and a small number of patients for palliative care.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a periodical basis as and when the need arose when care plans were reviewed and updated for patients with complex needs. For example, in a recent situation concerning a complex family with a child at risk, the principal GP called a case conference to discuss and document the issues and decisions.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records. We were told the practice had discontinued to provide minor surgery. Verbal consent was recorded in patient records for treatments such as injections.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The provider ensured that end of life patients or carers and their families had their direct mobile number to contact them should they had any questions or concerns.
- We were made aware that the practice nurse provides support to new parents should they require it. Patients were signposted to the relevant service.
- A mental health worker visits the practice to carry out assessments on the premises.
- The practice's uptake for the cervical screening programme was 72%, which was lower than the clinical commissioning group (CCG) average of 80% and the national average of 81%. The exception rate reporting for this was 3.9% in comparison to the CCG average of 7.3% and the England average of 6.3%. The practice also supported its patients to attend national screening programmes for bowel and breast cancer screening. However, figures were low (63%) for females 50-70, screened for breast cancer within six months of

invitation in comparison to the CCG average of 70% and the England average of 73%. Patients, 60-69 years old, screened for bowel cancer within six months of invitation was 52% in comparison to the clinical commissioning group (CCG) average which was 48% and the England average of 55%.

All results from these tests were scrutinised by the principal lead GP and the practice followed up patients who were referred as a result of abnormal results. It was identified that these low figures could be attributed to the changes in the population group registering with the practice.

Childhood immunisation rates for the vaccines given were different to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 69% to 100% (the CCG 81% to 97%) and five year olds from 72% to 100% (the CCG 88% to 97%).

Patients had access to appropriate health assessments and checks for their long term conditions. 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, polite, 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 17 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 and treated them with dignity and respect. Comment cards highlighted that patients had found the GPs and the other members of staff were professional, compassionate and caring.

Patients informed us through the comment cards they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Additional comments were that staff were friendly and approachable to ask advice. Patients said they appreciated the friendly atmosphere and that they experienced a personal service from staff at the practice. We saw from complaints made on NHS Choices that occasionally patients had not had such a positive experience when first contacting the service for appointments or other queries. However, we were informed of that steps had been implemented to improve communication and that the lead GP was continuing with ongoing monitoring to improve that individual's approach.

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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% 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%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey undertaken in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 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%.
- 94% 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:

## Are services caring?

- 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 an easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (About 0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their GP contacted them, visited or invited them to the practice for an appointment to meet their needs. We saw information and heard that the principal lead GP provided their mobile telephone number should an urgent need arise to contact them directly. When they were away this role was taken by the salaried GP. We were told that patients were respectful and did not over use the number.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The principal lead GP informed us of the proposed plans to improve primary care services for the patients registered at the practice. They had recognised that changes needed to be implemented to ensure that patients had access to a wide variety of services and facilities. The practice was in the process of securing a merger with other practices in the local area to ensure sufficient resources for care and treatment were implemented for the future needs of the local population. We heard how the practice was working with NHS England and the Clinical Commissioning Group in order to achieve this. Currently the practice offered:

- The practice was open until 18.00 pm four evenings per week for later appointments for patients who could not attend during normal opening hours.
- The practice offered telephone follow up calls for their working age population who found it difficult to attend the practice.
- There were longer appointments available for patients with a learning disability, complex health needs and those who required additional support.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Vulnerable patients were fitted in to see clinicians immediately, effectively operating a drop in service.
- Same day appointments were available for children under 5 years of age and those patients with medical problems that require same day consultation.
- The practice set aside appointments late afternoon for older children attending school at other times.
- Recent changes to the online services have allowed patients to book appointments and reorder repeat prescriptions.
- The practice was able to offer 48 hour turnaround for routine appointments.
- Patients were able to receive travel vaccinations available on the NHS were referred to other clinics for vaccines available privately.

- There were accessible facilities, a hearing loop and translation services available.
- The practice had a named mental health consultant and has mental health workers attend the practice regularly to carry out their initial assessments at the surgery which offered continuity to the patients.

### Access to the service

Hotwells Surgery is open from 8.30am until 1pm, Monday to Friday, with the exception of Thursday when it closes at 12noon. In the afternoons Monday, Tuesday and Wednesday the surgery reopens at 3pm until 6.30pm, and on Friday it is open from 3pm until 5pm. Appointments are available from 9am to 11am and 4pm to 6pm every day. The exception is Friday which is 3pm to 5pm. Patients were directed to the out of hour's service was closed during the day. These opening hours are below what the expected NHS England contracting agreements for core hours between 8am and 18:30pm Monday to Friday, the exception being Bank Holidays, Saturdays and Sundays.

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.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. All complaints or concerns were referred to the principal lead GP.



# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as leaflets, verbal advice from staff and on display in the surgery.

We looked at the two complaints received in the last 12 months and found the complaints had been handled appropriately. Only one complaint was received directly to the practice the other was made via NHS England. Where

needed the complaint was referred externally for review so that the concerns could be addressed proportionately and effectively. Lessons were learnt from individual concerns and complaints and although not needed for both of these most recent complaints the approach was to put actions in place to improve the quality of care if required.

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 89% compared to the national average of 85%. 87% 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%.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The provider, an individual GP had a clear vision to deliver high quality care and was committed in promoting good outcomes for patients. The ethos of the practice encompasses key elements such as compassion, dignity and equality.

- The practice had a mission statement which outlined their aims which was displayed on their public website and in the patient leaflets and through discussion with staff they knew and understood the values. The mission statement emphasised their purpose was to provide patient with a high quality health care and to improve their health status of the practice population. With an aim to maintain a friendly, safe place responsive to people's needs and to develop the service with advances and changes in healthcare.
- The principal lead GP demonstrated through discussion there was an ethos of patient focus which was reflected in the staff attitude and the delivery of the service. However, the practice did not have documented supporting business plans which reflected the vision and values.

### Governance arrangements

The practice's overarching governance framework was that the individual provider GP was responsible for the planning, delivering and implementing the changes to develop the service. This principal lead GP carried out this role in conjunction to providing the main clinical care at the practice. Staff supported, where they were able, to assist with the delivery of this strategy and the provision of care to patients. The structures and procedures in place were:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The small number of practice specific policies were mostly implemented and were available to all staff.
- The performance of the practice in regard to patient care and treatment was maintained.
- A programme of clinical and some internal audit linked to clinical care was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks in relation to meeting patient's clinical care and treatment needs, such as care plans.

However, there were gaps in the business governance of the practice which had the potential to put patients and staff safety at risk:

- There were gaps in documented key policies and procedures, such as medicines management and business continuity, to ensure all staff were working effectively and safely to deliver the service.
- Recruitment practices were not carried out effectively to ensure appropriate staff were employed.
- There was not a robust process to ensure that staff had the necessary training, supervision and appraisal to carry out their roles.
- There was not an overarching recorded approach to meeting health and safety at the practice including meeting legislation relating to Control of Substances Hazardous to Health (COSHH), fire, and general risk assessments in regard to the safety in the building.
- Minutes of meetings were not recorded so that discussions and decisions could be effectively shared other than by verbal handover.

### Leadership and culture

On the day of the inspection the principal lead GP told us they were aware of some of the gaps in the management and administration of the service and they had been seeking to improve the situation by the merger with a larger coordinated partnership to ensure continuity of the service for their patients. Staff told us the provider GP was approachable and always took the time to listen to all members of staff.

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

# Are services well-led?

Requires improvement 

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular meetings twice a week to share information and plan delivery of the service.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients'

feedback and engaged patients in the delivery of the service. For example, a patient was involved in setting up a specific care plan for heart failure to be used in the future should it be required for patients with the same condition in the future. The practice did not have a patient participation group, however, the practice had gathered feedback from patients through the friends and family surveys and complaints and comments received. We were told by staff that the practice had carried out surveys/patient questionnaires previously but not within the last 12 months.

## 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. They had recently started using a data sharing agreement with partner organisations such as district nurses, health visitors to ensure they all had access to the appropriate section of the patient's records. They told us they felt this had increased the safety of their patients both internally and with external providers such as accident and emergency departments.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There must be good systems in place for the governance and administration of the service. This must include recruitment, health and safety systems, medicines management, training and supervision of staff.</p> <p>This was in breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>There must be evidence that an effective recruitment policy and procedure is carried out to ensure that appropriate information and checks are in place for all staff working at the practice.</p> <p>This was in breach of regulation 19(1), (2), (3) () of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider must ensure that all members of staff have received the appropriate level of safeguarding training to meet their role responsibilities.
Maternity and midwifery services	The provider must ensure there is a medicines policy and written procedures in place to ensure the safety and security of medicines kept at the practice. Nursing staff should be provided with appropriate instruction, Patient Group Directions, for the administration of vaccines and are competent and authorised to administer the vaccines.
Surgical procedures	There must be effective safe working practice in place including and overall health and safety policy and procedures, risk assessments for the environment, COSHH, fire safety and drills.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.