

Almondsbury Surgery

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 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 Almondsbury Surgery on 15 April 2015. Following our comprehensive inspection overall the practice was rated as good with requires improvement for the well- led domain. Following that inspection we issued a requirement notice. This notice was due to a breach of Regulation 17 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Good Governance. The requirement notice was for the practice to ensure it evaluates and improves their practice in respect of the processing of the information particularly through monitoring performance through clinical audit cycles and ensuring policy and procedures were up to date with legislation and latest guidance. A copy of the report detailing our findings can be found at www.cqc.org.uk.

We undertook this focused inspection on 7 July 2016 to follow up the requirement and to assess if the practice had implemented the changes necessary to ensure patients who used the service were protected against the risks associated with no monitoring of the performance of the service.

We found that the provider had made the required improvements since our last inspection. Following this focused inspection we have rated the practice as good for providing a well led service. The overall rating for the practice is good.

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

- Policies had been updated, reviewed and audited when required. Policies now contained detailed information to ensure staff followed correct procedures.
- The practice was compliant with 'The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance'.
- Clinical audits undertaken by the practice evidenced the monitoring of quality systems and documented the actions taken by the practice when required. This evidenced the monitoring of quality systems and the practice had documented subsequent action.
- Risks associated with the security of the premises had been assessed, actions had been taken and risks had been mitigated.
- The practice had an active patient participation group (PPG) who work with the practice to improve services and the quality of care.
- Complaints information for patients had been updated to include contacts for external organisations which allow patients to seek further advice should the practice's response not be satisfactory.

Summary of findings

- Staff had received up to date training and appraisals. A schedule had been implemented to indicate when future training and appraisals were due to be completed.

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 well-led?

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

We found the provider had taken actions to provide a well- led service following our comprehensive inspection of the practice in April 2015. Actions taken by the practice included;

- The provider had updated policies and procedures in order that these are detailed in their instructions to staff to ensure safe practice.
- The provider had implemented a robust system of reviewing and auditing quality systems and procedures.
- The provider had established an active patient participation group (PPG) and had updated the contact information for external organisation within their complaints procedure and had made it accessible to patients in the practice and on the practice website.
- The provider had ensured that staff had completed relevant, required training for all staff, including safeguarding adults, infection control and fire safety.
- The provider had established a system to identify when staff were required to update their training. The practice had also implemented a schedule for staff appraisals, as well as issuing staff with an individual development plan when appraisals were due.
- The provider had mitigated risks regarding the security of the reception and administration areas where emergency medicines and patient records are kept. The practice had created a risk assessment to ensure that staff are present during opening hours, at all times.

Good



Almondsbury Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Almondsbury Surgery

On 7th July 2016 we inspected Almondsbury Surgery, Sundays Hill, Almondsbury, Bristol, where all registered regulated activities were carried out.

The practice serves approximately 4800 patients and sees patients who live in Almondsbury and the surrounding areas of South Gloucestershire. The national general practice profile shows the practice has a higher than average in England population of patients aged between the ages of five to 14 years old. They are below the national average for 15 to 34 years. The practice is above average for being one of the least deprived areas in this practice catchment area.

The practice provides additional services from the practice premises holding clinics for treating patients with Deep Vein Thrombosis and dietician clinics.

There was one GP partner and three salaried GPs; one male and three female. Each week all the GPs work the equivalent to approximately three full time GPs.

There were five female members of the nursing team which consisted of one practice nurse, one health care assistant and three part-time phlebotomists.

The practice is open from 8:30am Monday to Friday, the practice closed between 12:30pm and 2pm. On a Monday they were open until 7pm, Tuesday 7:30pm, Wednesday

6pm, Thursday 7pm and Friday until 5:30pm. Appointments were available from 9am to 11am every morning and varying times between 2:50pm to 5:50pm daily. Extended hours appointments are offered at the following times from 6:30pm to 7:30pm on Tuesdays. Arrangements were in place for patients to contact other services when the practice was not open.

The practice had a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice was contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, learning disabilities and remote care monitoring. The practice referred their patients to Brisdoc for out-of-hours services to deal with urgent needs when the practice was closed.

The practice had patients registered in one nursing home for people living with dementia and a residential home for older people.

Why we carried out this inspection

We carried out a focused 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 was 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.

Detailed findings

How we carried out this inspection

We carried out our previous announced comprehensive inspection at Almondsbury Surgery on 15 April 2015. During this inspection we issued a requirement notice.

The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against the risks associated with no monitoring of the quality and safety of the service.

We undertook this focused inspection on 7 July 2016 and visited the practice to follow up the requirement notices for breach of Regulation 17 Good Governance to ensure patients who used the service were protected against the risks associated with infection prevention and to monitor the quality and safety of the service.

Are services well-led?

Good 

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

Our findings

Governance arrangements

We found at our last inspection in April 2015 that the practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. These policies did not routinely include a date they had been reviewed, this included policies for consent, child protection, whistle blowing and infection control, and some policies did not include detailed information such as the consent policy which contained no information for staff about their role and responsibility when assessing and supporting patients who lacked mental capacity, the whistle blowing policy did not include details of whom staff could raise concerns to if they were unable to speak with the practice manager, neither did it include external support and independent advice. The infection control policy also did not include all the information needed to reflect the 'The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance'.

During the focused inspection in July 2016, we saw evidence that;

- The policies for Consent, Child Protection, Whistle blowing and Infection control had been reviewed in January 2016, the date of review had been included in each policy.
- The Consent Policy had Included detailed information for staff about the Mental Capacity Act 2015, in line with the expectations of their role and responsibilities.
- The Whistle blowing policy included detailed information for staff about who they could raise their concerns to, and provided information in respect of external support and Independent advice.
- The Infection control policy had been reviewed in January 2016 and had been audited in May 2016. The policy reflected the Social Care Act 2008. We saw evidence that the practice was compliant in the way they managed systems of infection control.
- The practice had reviewed the health and safety policy and the fire safety policy. We saw evidence that the practice had undertaken weekly fire alarm tests and were completing fire evacuation tests every six months.

We were told at our last inspection in April 2015 that the practice were building in an on-going programme of clinical audits which it would use to monitor quality and systems to identify where action should be taken. They planned an audit on anti-psychotics prescribed following a review requested by the South Gloucestershire Clinical Commissioning Group which identified areas for improvement. On this visit we were given evidence of the audit activity that had occurred.

During the inspection in July 2016 we found;

- A summary of clinical audits that had been undertaken since our last Inspection. These audits evidenced the monitoring of quality systems and documented subsequent action taken by the practice when required.

There was evidence on our Inspection in April 2015 that the practice identified, recorded and managed risks, however, not all risks associated with the security of the premises had been identified. Security between public areas and the reception/administration area were not kept secure throughout the day even though they contained emergency medicines; patient records and patient correspondence.

On our inspection in July 2016 we found;

- The practice had identified risks associated with the security of the premises, a risk assessment had been completed to ensure staff are present in the reception and administration areas during opening hours in order to mitigate security risks between public areas and reception/administration area.

Practice seeks and acts on feedback from its patients, the public and staff

The practice did not have an active patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care, when we visited in April 2015. This was due to the significant changes in the practice staffing. The practice had planned to initiate a virtual patient group and was starting to recruit members.

Since our last inspection the practice had;

- Facilitated a PPG meeting in March 2016. The PPG had agreed to meet every two months.
- Completed a Patient survey which 50% of their patients responded to.

Are services well-led?

Good 

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

- Updated the complaints information included on the website, patient leaflets and posters in the waiting area. The complaints information provided contact information for external organisations in case patients are not satisfied with the practice's response to a complaint.

Management lead through learning and improvement

Staff had told us on our last inspection in April 2015 that the practice supported them to maintain their clinical professional development through training and mentoring. However, we found some staff had not received an appraisal for up to two years. We were told that there was a plan in place to ensure staff received an appraisal within the next few months. We had also noted that staff had not always received regular update training in infection control, fire safety and safeguarding vulnerable adults

During the focused inspection in July 2016 we saw evidence that;

- All staff had an up to date appraisal except two members, one of which had been absent, long term.
- The practice had implemented a system that identified when staff were due to have their next appraisal. Staff were informed by letter when their next appraisal was due and issued with an individual development plan to help them to prepare for this.
- The practice had received external H.R advice and had subsequently updated staff contracts, staff handbooks and job descriptions
- Staff had completed training in infection control, fire safety and safeguarding vulnerable adults. The practice had booked for refresher training to be delivered to staff in October and November 2016.