

Grange Road 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 safe? | | Requires improvement |  |
| Are services effective? | | Good |  |
| Are services caring? | | Good |  |
| Are services responsive to people's needs? | | Good |  |
| Are services well-led? | | Good |  |

Summary of findings

Contents

Summary of this inspection

| | Page |
|---------------------------------------------|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 10 |
| Areas for improvement | 11 |
| Outstanding practice | 11 |

Detailed findings from this inspection

| | |
|------------------------------------------|----|
| Our inspection team | 12 |
| Background to Grange Road Surgery | 12 |
| Why we carried out this inspection | 12 |
| How we carried out this inspection | 12 |
| Detailed findings | 14 |
| Action we have told the provider to take | 25 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grange Road Surgery on 24 November 2015. Overall the practice is rated as good.

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

- There was 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 was purpose built 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 practice were proactive in ensuring the facilities were reviewed and fit for purpose and had made application to NHS England and the Primary Care Infrastructure Fund for new premises.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

Summary of findings

- The practice worked collaboratively with three other practices in the area to fund a patient champion to liaise with patients for feedback, undertake health promotion and inform patients about local services.

The areas where the provider must make improvement are:

- The practice must implement policy and procedures which reflect current best practice to ensure the safe management of the medicines, checking of emergency equipment and the management of blank prescriptions. The processes for the safety of prescriptions must be sufficiently implemented to provide a clear audit trail in the event of any security incident.

The areas where the provider should make improvement are:

- The provider should review the layout and staffing of the reception area so that conversations between patients and the receptionist could not be overheard and reduce the wait for reception so patients did not have to queue so long.
- The practice should always involve a GP in the 6 month review of the significant events and the learning and action taken.
- The practice should identify a date for completion of actions or training in the staff had personal development plans.
- The policies and procedures should always cite the latest best practice or guidance.

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 requires improvement 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 receive reasonable support, truthful information, a verbal and a written apology and 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.

We found there was no policy and procedure for the safe management of medicines and the blank prescriptions held and used in the practice. This presented a risk for patients and needed to be improved.

Requires improvement



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.
- 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 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.

- Data from the July 2015 National GP Patients Survey showed that patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The practice worked collaboratively with three others in the area to fund a patient champion to liaise with patients for feedback, health promotion and inform patients about local services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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 was a physiotherapy pilot scheme which allowed patients to have a telephone consultation and any follow appointment within one week of referral.
- 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.
- Information about how to complain was available and easy to understand and evidence showed that 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.

- There was a vision and strategy to deliver good quality care and promote positive outcomes for patients. For example, the practice were proactive in ensuring the facilities were reviewed and fit for purpose and had made application to the Primary Care Infrastructure Fund for new premises.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of protocols in place 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.

Good



Summary of findings

This included arrangements to monitor and improve quality and generally identified risk; the practice worked in partnership with other healthcare providers and actively sought feedback from them about their performance.

- 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 reporting and sharing information about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning. The practice was a training practice and one of the GPs was awarded the Joint Best Year 4 GP Teacher award in 2015 from Bristol University.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia, influenza and pneumococcal Immunisations.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was part of a scheme working with the charity RSVP (Retired and Senior Volunteer Programme) in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- The practice accessed the Rapid Assessment Clinic for Older people based at the local community hospital and assigned a GP to attend sessions in which to observe the consultant and then take the learning to the practice to share with colleagues.
- Flu vaccination rates for the over 65s was 79%, compared to the national average of 73%.

People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had specialist training for the management of chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a holistic approach to patients with multiple chronic disease diagnoses and multiple conditions were reviewed in a single chronic disease clinic appointment.
- 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 (01/04/2013 to 31/03/2014), was 80.71%, this was above the national average of 77.72%.
- Longer appointments and home visits were available when needed.
- All patients from this group had a named GP and a structured annual review to check that 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.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice were working toward the 'for young people (4YP)' accreditation for sexual health advice.
- The practice's performance for their cervical screening programme for 2014/15 was 80.0% , 3.3% above Clinical Commissioning Group average and 0.9% above England average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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).

Good



- 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 reflected the needs for this age group.
- The practice was part of the pilot for eConsult (formally Web GP) which provided access to online consultations.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- They offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients such as, hosting a counsellor for patients with substance misuse three days per week.
- They told 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.

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 diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 88.71%, this was above the national average of 83.82%.
- 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 (01/04/2013 to 31/03/2014) was 92.21%, this was above the national average of 86.04%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living 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.
- There was 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 and worked in partnership with the Bristol Dementia Project.

Good



Summary of findings

What people who use the service say

We spoke with seven patients visiting the practice and we received 17 comment cards from patients who visited the practice. We also looked at the practice's NHS Choices website to look at comments made by patients, some of which expressed a negative view of the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received).

We also looked at data provided in the most recent NHS GP patient survey. The NHS England GP Patient Survey data was collected during July-September 2014 and January-March 2015 and published on 4 July 2015. The data used below was unweighted data. The data indicated a positive response to questions related to patient satisfaction:

- 69% of respondents found it easy to get through to the practice by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 95% of respondents found the receptionists at this practice helpful compared to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.
- 68% of respondents with a preferred GP usually got to see or speak to that GP compared to the Clinical Commissioning Group average of 60.7% and national average of 60%.
- 87% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group average of 88% and national average of 85.2%.
- 96% of respondents said the last appointment they got was convenient compared to the Clinical Commissioning Group average of 91.2% and national average of 91.8%.
- 66% usually wait 15 minutes or less after their appointment time to be seen compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.
- 75% described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.

We found from the information that all but one of these results were better than the average for the Bristol Clinical Commissioning Group, and were contrary to the opinions expressed on NHS Choices.

We read the commentary responses from patients on the comment cards and noted they included observations such as;

- The services provided were very good or excellent.
- Appointment access was good for patients who confirmed they were able to get appointments on the same day if urgent.
- Staff were helpful, respectful and interested in the patients.
- Patients felt treated with dignity and respect
- Patients expressed their satisfaction overall with the treatment received.

We also spoke with patients whose comments were very positive and praised the care and treatment they received. Patients spoke positively about being involved in the care and treatment provided, and about feeling confident in their treatment.

The practice had a virtual patient participation group (PPG) of 30 patients with whom the practice communicated through e mails and newsletters. The age group and ethnicity of group was not representative of the total practice patient population. The group was widely advertised and information about the group was available on the website and in the practice. From the PPG action plan the practice had managed the following issues :

- Recruitment of a patient champion to liaise with patients for feedback, undertake health promotion and inform patients about local services.
- Reviewed the telephone messaging system to direct patients to most appropriate response this had led to an 8% increase in patient satisfaction with telephone access.
- Reviewed the appointment system so all urgent requests for appointments were met on the day.

The practice had also commenced their current 'friends and family test' which was available in a paper format

Summary of findings

placed in the reception area and online. The results from December 2014 to October 2015 indicated that 83% of the patients who responded stated they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The implementation of a policy and procedure which reflects current best practice to ensure the safe management of the medicines and emergency equipment kept at the practice. Particularly in regard of the safe storage of medicines including emergency medicines, and the secure storage and management of blank prescriptions.

Action the service **SHOULD** take to improve

- The provider should review the layout and staffing of the reception area so that conversations between patients and the receptionist could not be overheard and reduce the wait for reception so patients did not have to queue so long.

- The practice should always involve a GP in the six month review of the significant events and the learning and action taken.
- The practice should identify a date for completion of actions or training in the staff had personal development plans.
- The policies and procedures should always cite the latest best practice or guidance.

Outstanding practice

The practice worked collaboratively with three other practices in the area to fund a patient champion to liaise with patients for feedback, undertake health promotion and inform patients about local services.

Grange Road Surgery

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 special advisor a nurse special advisor and a second CQC inspector.

Background to Grange Road Surgery

Grange Road Surgery is located in a suburban area of Bristol. They have approximately 10378 patients registered. Grange Road Surgery is located on a main road in a residential area, near a parade of shops and close to major bus routes.

The practice operates from one location:

Grange Road,
Bristol,
BS13 8LD

It is sited in a purpose built two storey building. The consulting and treatment rooms for the practice are situated on the both floors; there was no lift access to the second floor. The practice has eight consulting rooms, one for each GP partner and one allocated for any trainee GPs on placement. There are three treatment rooms (for use by nurses, health care assistants) and a phlebotomy room, reception and a waiting room area on the ground floor. There is a further consulting/counselling room on the first floor along with the offices for administrative staff, kitchen facilities and a meeting room. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of seven GP partners, three salaried GPs and the practice manager, working alongside a nurse practitioner, five qualified nurses and two health care assistant and two phlebotomists. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators.

The practice is open for urgent and routine appointments between 8.30am – 6.30pm with extended hours appointments every Monday evening until 9pm, and in the morning on the second Saturday of the month. In addition to this there are pre-bookable appointments that can be booked up to two weeks in advance with the GP and nurse practitioner appointments; nurse and health care assistant's appointments are available up to 6 weeks in advance. The service also offered 'same day' phlebotomy appointments.

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, immunisations and unplanned admission avoidance.

The practice is a training practice and also offers placements to medical students and trainee GPs.

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

% aged 0 to 4 years: 8% - higher than the national England average.

% aged 5 to 14 years: 12.6% - higher than the national England average.

Detailed findings

% aged under 18 years: 16.1% - higher than the national England average.

% aged 65+ years: 13.6%

% aged 75+ years: 7.1%

85+ years old: 2.1%

Patient Gender Distribution

Male patients: 49.57 %

Female patients: 50.43 %

Other Population Demographics

% of Patients in a nursing Home: 0.4 %

% of Patients from BME populations: 4.08 %

All GP practices across Bristol CCG are engaged in contract reviews with NHS England. There is a wide disparity across practices in funding terms of income per patient, and this exercise will put in place a process over the next five years to equalise the per patient rate across the 55 Practices.

The practice is in South Bristol which has the highest number of people with a long term health problem or disability in each age category in Bristol and the highest % of long term conditions.

Grange Road Surgery has a consultation rate of 6.7 per weighted patient per year against a national average of 5.5. The data from Health and Social Care Information Centre (HSCIC) indicates this demand is due to higher than predicted disease prevalence rates with 15% of patients having more than 26 consultations per year and 5% having more than 52 consultations per year.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit to Grange Road Surgery on 24 November 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed 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.
- We received positive feedback from several health and social care organisations who worked with the practice.

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 are provided for specific groups of patients and what good care looks 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 Care Quality Commission 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 also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events but GPs were not always involved in the 6 monthly review of the action and learning following a significant event.

We reviewed incident reports 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, an incident where discharge summaries indicated a change in dosage of medicine had not been amended on the patient record. The investigation did not result in a change to practice procedure but acted as a reminder to GPs of the importance of reading patient discharge information.

When there were unintended or unexpected safety incidents, patients receive 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 generally 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 for children.
- The practice staff were trained and participated in the Multi Agency Risk Assessment Conference (MARAC), a

local multi-agency victim-focused meeting. A forum where information was shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients 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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We found the practice held a small stock of medicines that required extra checks and special storage arrangements because of their potential for misuse (controlled drugs) and we looked at how they were managed. The practice had a written policy or procedure for the safe storage and recording of controlled medicines in the practice. We observed that they were stored within one of two metal medicine cabinets fixed to the wall in the practice. The cabinet in which the controlled drugs were stored also contained other medicines. The Misuse of Drugs (Safe Custody) Regulations 1973 imposed controls on the storage of controlled drugs and all Schedule 2 drugs should be stored in a specified cabinet or safe. The cabinet should only be opened by a person authorized to possess the controlled drug, or their authorized representative. We asked the practice nurse who had access to them and found the keys were not kept securely and were not under the direct control of a responsible person. The keys could be accessed by the GPs or nurses but potentially could have been accessed by anyone as they were not held securely but in the treatment room cupboard which was secured with a child lock.
- We looked at the record of the medicines and found it took the form of a hand written bound notebook. As this was not a printed controlled drug register it made the

Are services safe?

records more difficult to follow. For example, the expiry dates of controlled medicines were not recorded although the destruction date of the expired medicine was recorded. Because of the expiry not being recorded, it was difficult to tell how long it was stored before being destroyed once it was out of date. This was what made the stock record difficult to follow. In addition, the completed controlled drug record books were kept on top of the medicine cupboards and were therefore not stored securely.

- We asked the practice nurse about the policy in place to check medicines kept by the practice were within their expiry date and suitable for use. The practice did not have a written policy or procedure for the safe storage and recording of these medicines. We were told that medicines were checked regularly. We noted from the meeting minutes for nursing team dated 14th April 2015, reference was made to a significant event which had occurred at the practice in respect of an out of date injectable medicine which had been administered to a patient. When reviewing the stock kept for use we found there was a salbutamol nebule which had expired in October 2015 and gauze pads which had expired in 2012. We found the records for stock and emergency medicines did not reflect in full what was kept and there was no record of any expiry dates, including for the controlled drugs.
- The practice carried out regular medicine prescribing audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed the arrangements at the practice for the security of prescriptions and the implementation of the 'Security of prescription forms guidance' (Updated August 2015) issued by NHS Protect. We found that the stocks of prescription forms were locked away, however all the staff working in reception had access to the lockable cupboard where prescription form stocks were kept, and used for the cupboard for the storage of staff handbags and petty cash. We found there was no authorisation procedure implemented regarding access to this cupboard. The practice recorded prescription serial numbers when they were delivered and recorded them when they were distributed around the practice. The prescription pads for GPs and the serial numbers of Drug Misuse instalment prescriptions (blue prescriptions) were not recorded by the practice and

therefore they had no audit trail in the event of any security incident. The substance misuse support worker kept a paper notepad containing records of serial numbers of instalment prescriptions although there was no process in place for auditing these and it was not clear who took responsibility for their security.

- 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.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 the reception office. 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 also 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.
- 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.

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.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
 - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. We found the checking procedures for the emergency equipment did not record specifically what had been checked; abbreviations for equipment were used such as 'PO' for pulse oximeter. We did not see any record of expiry dates for equipment or medicines.
 - Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We found the checking procedures for the emergency medicines did not record specifically what had been checked and did not record any expiry dates or include the signature of the person who had checked them.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 patient's needs. For example, we found the practice implemented NICE guidance by the offer of an annual HbA1c test to women who were diagnosed with gestational diabetes who had a negative postnatal test for diabetes.
- The practice monitored that these guidelines were followed through their clinical governance processes.

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 98.9% of the total number of points available, with 5.4% exception reporting for all domains. Data from NHS England showed the practice performance was comparable to or higher than the national average:

- For example, the percentage of patients with diabetes, on the practice register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2013 to 31/03/2014), was 80.7% and the national average was 77.72%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2013 to 31/03/2014) was 91.67% and the national average was 88.61%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 88.71% and the national average was 83.82%.

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local CCG medicine audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit of patients prescribed anticoagulant medicine was carried out to ensure patients had clinical diagnosis on their record which indicated the treatment was necessary and that there was a documented INR range for each patient. This audit highlighted the need to ensure the INR result was viewed prior to signing the prescription, that there was a mechanism in place to deal with abnormal results and also to address the issue of patients who did not attend for blood tests.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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.
- The learning needs of staff were identified through a system of 360 degree appraisals, meetings and reviews of practice development needs. Staff had personal development plans however; they did not always identify a date for completion therefore measuring progress was difficult. Staff had access to appropriate training to meet which covered the scope of their work. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, 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 monthly 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 patient's capacity to make an informed decision about their treatment, and if appropriate, recorded the outcome of the assessment.

- The process for seeking consent was demonstrated through records and showed the practices met its responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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 and weight loss programmes. Patients were signposted to the service which promoted health and well-being such as the local walking for health groups.
- Smoking cessation advice was available from the practice.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2013 to 31/03/2014) was 78.05% which was comparable to the Clinical Commissioning Group average of and the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.1% to 98.8% and five year olds from 92.3% to 98.8%. Flu vaccination rates for the over 65s were 79%, and at risk groups 55.85%. These were also above Clinical Commissioning Group averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups about the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that conversations taking place in these rooms could not be overheard.
- There was level access to the practice from the pavement, the front doors were fully automated and there was an intercom for security and to alert staff if anyone had particular access needs. The check-in screen was wall mounted at a height accessible for wheelchair users.
- We observed and heard from patients that the reception area was too open and conversations between patients and the receptionist could be overheard. Patients also told us they often had to queue outside the door and there was too long a wait to reach reception.

All of the 17 patient CQC 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 also spoke with two members of the practices patient participation group. They 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 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89.5% and national average of 88.6%.

- 94% said the GP gave them enough time compared to the Clinical Commissioning Group average of 86.5% and national average of 86.6%.
- 97% said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 96% and national average of 95.2%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 85.3% and national average of 85.1%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 91.7% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the Care Quality Commission comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in July 2015 (unweighted) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results exceeded the local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 86.4% and national average of 86.0%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 81.8% and national average of 81.4%.

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.

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 had recruited a patient champion to liaise with patients for feedback for improvements for the service, to undertake health promotion and inform patients about local services. The patient champion was also working in conjunction with a local charity to implement a patient befriending scheme to combat social isolation.

The practice had a patient fund which was a registered charity and administered by the practice management for purchasing equipment which benefitted patients or patient transport costs.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified which patients on the practice list were carers and they were contacted by the practice carer's champion. Written information was available to direct carers to the various avenues of support available to them. The practice also offered flexible

appointments and visits according to availability of carers. The practice worked in partnership with agencies to support patients and carers such as the Bristol Dementia Partnership.

We heard that the GPs provided patient focused care and were given examples by patients of the GPs supporting them and their relatives through periods of serious illness by maintaining telephone contact and undertaking 'drop in' home visits. Patients told us they valued the relationship they had with GPs and the continuity in care they could access at the practice.

All deaths were reviewed at the weekly practice meeting to share any concerns or learning. Staff told us that if families had suffered bereavement, the practice contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice about 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 such as pilot schemes like the Rapid Assessment Clinic for Older people based at the local community hospital. The practice had collaborated with other 'cluster practices' for the shared appointment of a clinical pharmacist to lead on medicine management and undertake long term condition reviews.

- The practice held monthly multidisciplinary team meetings to review all vulnerable patients (patients at risk of hospital admission or in care homes) with a care plan and those in nursing care who have had an emergency admission to hospital in the preceding 4 weeks.
- The practice offered an annual "pre-diabetes" clinic for patients with impaired glucose regulation and annual screening of patients with history of gestational diabetes.
- The practice hosted other healthcare services in order to facilitate easy access to treatment by patients at the practice such as substance misuse counsellors, and a yearly aortic aneurism screening service.
- In partnership with the other 'cluster' practices they had worked with RSVP (retired and senior volunteer programme) to appoint volunteers to combat the social isolation of older patients.
- There was a holistic approach to patients with multiple chronic disease diagnoses and multiple conditions were reviewed in a single chronic disease clinic appointment.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and housebound patients.
- The practice operated a same day appointment and review system for sick children and those with serious medical conditions.
- The practice were flexible with patients who had less organised lifestyles and were able to undertake opportunistic care for them in areas such as with leg ulcer dressings.

- There were accessible facilities, hearing loop and translation services available, and level access to the practice which had fully automated doors.
- There was an ex-directory telephone line access for associated health care professionals to make contact with the practice.
- The practice worked in collaboration with community health care teams and met with the community matron who made herself available for one hour per week at the practice.

Access to the service

The practice was open for urgent and routine appointments between 8.30am and 6.30pm with extended hours appointments every Monday evening until 9pm, and in the morning on the second Saturday of the month. In addition to this there were pre-bookable appointments that could be booked up to two weeks in advance with the GP and nurse practitioner appointments; nurse and health care assistants appointments were available up to 6 weeks in advance. The service also offered 'same day' phlebotomy appointments.

Results from the national GP patient survey published in July 2015 (unweighted) showed patient's satisfaction with how they could access care and treatment. Patients told us on the day that they were were able to get appointments when they needed them and had never been refused an appointment.

- 81% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 74.6% and national average of 73.8%.
- 69% patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 75% patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

Data provided to us by the practice indicated 38% of appointments were longer than 10 minutes and 11% were longer than 20 minutes but appropriate to patient need. In

Are services responsive to people's needs?

(for example, to feedback?)

response to the patient waiting for appointment times the practice had blocked appointment slots to allow GPs to catch up with their list. The practice had changed their appointment system in 2014 and divided the appointment slots into routine (45%) urgent (30%) and telephone (25%) in an attempt to increase access and availability of appointments. The practice was part of the One Care Consortium Web GP pilot for online consultations. The pilot enabled patients with internet access to receive a GP consultation for advice about their condition. The patient benefitted from not having to attend their GP practice unless their condition required further investigations.

Listening and learning from concerns and complaints

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

- 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 on the website and a practice leaflet.

We looked at a selection of complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated all the complaints received had been resolved with only one being referred to other outside agencies.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team such as, reiterating with reception staff to inform patients of alternate services such as NHS111 for urgent medicines outside of the practice working hours.

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 vision of the practice was to be accessible, responsive, of high quality and patient centred. This was underpinned by the value statement of 'Commitment, Quality and Compassion.'

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were available to all staff.
- The policies and procedures, whilst kept under review, did not always cite the latest best practice or guidance.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found the processes particularly the learning outcomes could be more robust. This concurred with the recent annual review of significant events meeting minutes which had identified areas for improvement of procedures.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice. The GPs operated a buddying system which gave peer support, covered absences, provided a robust system for checking of results and promoted continuity of care for patients.

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 patients 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.

- Staff told us that the practice held regular, role specific, team meetings however they did not hold whole practice meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at their role specific team meeting.
- The partners encouraged all members of staff 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.

- The practice had gathered feedback from patients through a virtual patient participation group (PPG) and through surveys and complaints received. They had relaunched PPG which had a meeting planned for the week following the inspection, to be facilitated by the patient champion.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

- They were a training practice and one of the GPs was awarded the Joint Best Year 4 GP Teacher award in 2015 from Bristol University.

Are services well-led?

Good 

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

- The practice team took part in local pilot schemes such as, the GP online pilot, to improve outcomes for patients in the area.
- They participated in the Rapid Assessment Clinic for older people pilot based at the local community hospital (A rapid medical assessment and management plan for a deteriorating patient who may otherwise end up in hospital). They assigned a GP to attend four sessions in which to observe the consultant and then took the learning to the practice to share with colleagues.
- The practice had also made a successful bid for inclusion on to the “Integrated Model of Care for Diabetes Pilot” (HG Wells Project – A project designed to improve the life of patients with diabetes and ensure they have access to the best care possible) being commissioned by the South West Commissioning Support unit.

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 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 The practice had not implemented policy and procedures which reflected current best practice to ensure the safe management of the medicines, checking of emergency equipment and the management of blank prescriptions. The process for the safety of prescriptions was insufficiently implemented to provide a clear audit trail in the event of any security incident. |
| Family planning services | |
| Maternity and midwifery services | |
| Surgical procedures | |
| Treatment of disease, disorder or injury | |