

Graham Road Surgery

Quality Report

22 Graham Road
Weston Super-Mare
Avon
BS23 1YA

Tel: 01934 628111

Website: www.grahamroadsurgery.nhs.uk

Date of inspection visit: 17 February 2016

Date of publication: 22/03/2016

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

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	10

Detailed findings from this inspection

Our inspection team	11
Background to Graham Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
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 Graham Road Surgery on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice partnership was actively addressing issues with recruitment of clinical staff to ensure that patients had their needs met.
- 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 had found the appointment system had improved and it was easier to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- The provider must ensure the systems for the management of prescription paper management are implemented.

Summary of findings

The areas where the provider should make improvement are:

- The improvements implemented to the systems for management of infection control should be maintained

- The improvements implemented to the systems for management the recruitment of staff should be maintained.

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.

Requires improvement



- 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.
- The provider must ensure that printer, paper prescription security is in place.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Improvements implemented to the systems for, infection control, , recruitment of staff, and the management of cleaning chemicals should be maintained.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78.6%, which was comparable to the Clinical Commissioning Group (CCG), and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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



Summary of findings

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

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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.
- The practice had a dedicated member of administration to monitor and manage any safeguarding information received or any correspondence sent out. They ensured information was kept up to date and that GPs were alerted to issues which arose and patient's electronic information was maintained and up to date.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators were better than the CCG and national average. For example, the percentage of patients (99.2%) diagnosed with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was

Good



Summary of findings

in comparison with the national average of 88.4%.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 with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had engaged through the One Care Consortium a full time Community Psychiatric Nurse to lead support for their patients.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line or below national averages. 260 survey forms were distributed and 127 were returned. This was a 48.8% response rate.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 43.6% patients said they could get through easily to the surgery by phone (national average 73%).
- 8.53% patients said they always or almost always see or speak to the GP they prefer (national average 36.1%).
- 75% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 71% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients also told us they had found clinical staff to be empathic and cared for the whole family and not just the patient concerned.

We spoke with three patients during the inspection who were also members of the patient participation group. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure the systems for the management of prescription paper management are implemented.

Action the service **SHOULD** take to improve

- The improvements implemented to the systems for management of infection control should be maintained
- The improvements implemented to the systems for management the recruitment of staff should be maintained

Graham Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Graham Road Surgery

Graham Road Surgery, 22 Graham Road, Weston Super Mare, BS23 1YA provides support for approximately 9592 patients in a central residential area of the town.

The building is accessible to patients with restricted mobility, wheelchair users and those using pushchairs.

There are eight consulting rooms, two treatment rooms and a treatment suite. There are waiting rooms on the ground and first floors which are accessible. There are administrative offices, meeting and staff rooms on the first floor. Car parking is on street parking.

There are two partners and one salaried GP, and two regular locums. There are two Advanced Nurse Practitioners, an Emergency Care Practitioner and three Practice Nurses and three Health Care Assistants. The clinical staff are supported by a practice business manager and an administration team.

The surgery is open from 8.30 am to 6.30 pm, Monday to Friday. Appointments can be made via the telephone between 8.00am and 6.30 pm and most appointments are provided on a book on the day system. Although the surgery is open during these core hours the time between 12:30pm and 3:00pm is reserved for home visits and

telephone consultations and the administrative duties. A small number of pre-booked appointments are available. Patients who find it difficult to access or attend the practice can book a telephone consultation with a GP.

The practice has a Personal Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including facilitating timely diagnosis and support for patients with dementia, remote care monitoring, patient participation and childhood vaccination and immunisation scheme. The practice was a training practice for medical and nursing students, newly qualified doctors and GP registrars. There is an onsite pharmacy.

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

Patient Age Distribution

0-4 years old: 5% (similar to the national average of 5.5%)

5-14 years old: 8.5% (below the national average of 11.1%)

The practice had 12% of the practice population aged 75 years and above (above the national average 7.8%)

The practice had 68.8%(2014- 2015) of patients with a long standing health condition, above the Clinical Commissioning Group(CCG) average of 56.8% and national average of 54%.

Other Population Demographics

% of Patients in a Residential Home: 2.9 % (above the national average of 0.5%)

% of Patients in paid work or full time education: 51.8 % (the national average 61.5%)

Practice List Demographics / Deprivation

Detailed findings

Index of Multiple Deprivation 2015 (IMD): 34.4 (above the national average 21.8)

Income Deprivation Affecting Children (IDACI): 27% (above the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): 21.4% (above the national average 16.2%)

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

For example:

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we:

- Spoke with a range of staff GPs, nursing staff, the practice manager and administration and support staff and spoke with patients who used the service.
- 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 practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports 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 error in recording a patient consultation and subsequent issuing of a prescription in a patient with a similar name led to the potential of risk that the patient had inappropriate treatment. The error was picked up by the pharmacy before this occurred. Changes were made to the electronic patient records to alert staff, to ensure that they recheck the patient details before carrying out a consultation and providing treatment.

We also looked at how national patient safety alerts were shared across the practice staff including locums. We identified that clinicians were alerted to information via email, printed information and meetings. Locums were given copies of information and informed verbally by one of the partners when they attended the practice. However, there was no formal method of recording acknowledgement by the clinicians that they had been provided with the information. Following the inspection visit the practice provided information that they had updated their policy and procedures for sharing national patient's safety alerts and other guidance with staff including locums so that there was a clear audit pathway.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. Records regarding significant events were comprehensive and showed they were thoroughly reviewed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for children. The practice manager ensured checks were in place that locum GPs have the required level of training when they attended the practice. The practice had a dedicated member of administration to monitor and manage any safeguarding information received or any correspondence sent out. They ensured that information was kept up to date and that GPs were alerted to issues that arose and that patient's electronic information was maintained and up to date.
- A notice in the waiting room and information on the practice website 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A recent programme of training had been provided to reception and administration staff so that they could support clinicians at the practice to provide this service.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The recently appointed Advanced Nurse Practice had taken over the role as infection control clinical lead. They informed us they were in the process of resourcing the appropriate training and making links to who liaise 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 through eLearning.

Are services safe?

A recent infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example a significant event was raised as an overflowing 'sharps' bin was found with no lid. The incident was discussed with the clinicians concerned and training and protocols were implemented to prevent reoccurrence. However, we also found that some aspects of infection control audit required improvements on the day of the inspection. For example, the audit had not identified external clinical waste bins were not secure, so there was a risk that clinical waste would be tampered with. At the time of the inspection no waste had been placed in the bins and we were informed the next day that the clinical waste company would rectify the concerns as soon as possible. We also found, the arrangements for cleaning materials, the responsibility of the cleaning contractor, were not completely safe as a small number were left unsecured in a toilet. The practice informed us the next day they had locked the cleaning materials away.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. We looked at the management of prescription paper through from when it was delivered to the practice and then distributed within the practice. We found there were some systems in place to monitor when they were allocated to clinicians printers. However, the prescription paper was left unsecured when the rooms were unattended and there was not sufficient monitoring of the paper for audit purposes should a security incident occur.
- Two of the nurses were qualified as Advanced Nurse Practitioners and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for

production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed two personnel files and found mixed evidence that appropriate recruitment checks had been undertaken prior to employment. For example, copies of proof of identification had not been retained in records, references, qualifications; registration with the appropriate professional body had been kept. We were told that checks through the Disclosure and Barring Service (DBS) had been applied for and there was an 18 week delay. Both new employees had had a DBS with other employers prior to their engagement, although seen by the practice manager copies had not been kept. We were told the risks of employing these staff without a current DBS had been discussed by the practice management team. However, these discussions had not been recorded and there was no formal risk assessment in place. Following the inspection we were told a written risk assessment was now in place.

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 on display in a central area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Practical fire training for all staff was booked for the beginning of March 2016. We noted that the door opener for one designated fire door at the end of the building was difficult to undo. We were assured that the fire safety systems had been reviewed by an external contractor and the door opener was appropriate. We were informed the next day that the practice manager had taken steps to seek advice and they would take action if they were advised to do so if it was found to be faulty. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly including portable appliance testing (PAT) However, the practice did not have a recorded protocol to ensure that locums and GPs equipment carried in their doctors bags had been included or checked within this process. We were informed that the PAT check already booked for

Are services safe?

the following week would now include this aspect. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff covered different aspects of administration and reception and were flexible to the needs of the practice. There was a detailed plan of regular locum GP cover and there was assurance that one of the partners was always present whilst the surgery was open to offer advice and support.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a central area of the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We did find that one of the defibrillator pads to be used by date had expired. There was a second one within date. We were told that a replacement one would be obtained as soon as possible. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.5% of the total number of points available, with 8.53 clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar or above to the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91.9% in comparison to the national average of 88.3%. For those patients who have had influenza immunisation in the period of nine months (1/08/2015 to 31/03/2015) was 100% in comparison to the national average 94.4%.
- The percentage of patients (80%) with hypertension having regular blood pressure tests was similar to the CCG and national average (83.6%).

- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients (99.2%) with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was in comparison with the national average of 88.4%.

We did look at the data from the National Cancer Intelligence Network Data (NCIN) published March 2015. Data showed:

- New cancer cases (Crude incidence rate: new cases per 100,000 population) at the practice was 853 in comparison to the Clinical Commissioning Group (CCG) average of 617 and the national average of 504.
- Females, 50-70 years of age, screened for breast cancer in the last 36 months 61% in comparison to the CCG average 75.7%.
- Females, 50-70 years of age, screened for breast cancer within six months of invitation, 46.7% in comparison to the CCG average 78.3%.

Clinical audits demonstrated quality improvement. There had been a number of clinical audits completed in the last year; these had included antibiotic prophylaxis for urinary tract infection, IUCD (intrauterine contraceptive devices) and atrial fibrillation.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. These had included a medicines audit for patients receiving treatment for Parkinson's disease.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the frequency of reviews of patients receiving treatment with prophylactic antibiotics to occur at six monthly intervals. The most recent audit resulted in identified that six patients had not had a review for 12 months. From those six patients, three patients were assessed to not require continuing on the treatment plan.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice consisted of a partnership of two GPs, salaried GPs and a team of regular locums. The step to employ of locums had to be taken

Are services effective?

(for example, treatment is effective)

because the practice had found difficulties recruiting either additional partners or salaried GPs. The practice had ensured they used regular locums, for some this had meant they had been attending several times during the week with routine scheduled sessions, which had led to improved continuity of care. Patients comments made during the inspection process had indicated that they had experienced a better service latterly by seeing the same GP for their on-going care.

- The recent employment of an Advanced Nurse Practitioner had meant improved assessment and triage of patients' needs occurs and there was less delay in patients receiving the care and treatment required.
- The practice had secured the finances to employ a full time community health nurse to support the higher than national levels of patients with a mental health condition.
- The practice had an induction programme and information available for all newly appointed staff including locums. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with locum GPs, one had also undertaken their registrar training at the practice previously, who confirmed that the induction training was robust and informative and staff were supported when they commenced working at the practice.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and

facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. New staff told us they had regular meetings with their line manager.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice were in the process of ensuring they had copies of training information about the regular locums who attended the practice.

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. Care plans included those for patients with dementia and admission avoidance, including DNAR (Do not attempt resuscitation) where applicable. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78.6%, which was comparable to the Clinical Commissioning Group (CCG), and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.6% to 98.5% and five year olds from 92.7% to 100%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had particularly focused and committed members of the Patient Partnership Group (PPG) who supported them to provide patient education and support in the area. Recent activities organised by the PPG included a Mental Health Awareness talk in January 2016. The PPG also won an award from the Patients Association in July 2015 for its campaign in raising awareness and support for health promotion and certain medical conditions in the surrounding area which was available to patients. The PPG had an aim to assist the surgery to encourage patients with managing their own care and lifestyle choices. Activities have included engaging the North Somerset Alzheimer's Association to provide a talk to patients and their carers and on another occasion the local support group for carers visited the practice to provide advice.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also told us they had found clinical staff to be empathic and cared for the whole family and not just the patient concerned.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Likewise similar comments made by two care home managers showed that both on an individual patient basis and collectively they had observed the GPs and surgery staff were willing, professional and caring.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. However, the survey showed there were variable levels of experience of the practice with some rating below average for its some of its satisfaction scores on consultations with GPs and nurses. For example:

- 85.5% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90.3% and national average of 88.6%.

- 83.8% of patients said the GP gave them enough time (CCG average 88%, national average 86.6%).
- 93.3% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%)
- 83.2% of patients said the last GP they spoke to was good at treating them with care and concern, national average 85%).
- 90.4% of patients said the last nurse they spoke to was good at treating them with care and concern, national average 90.5%).
- 79.8% of patients said they found the receptionists at the practice helpful (CCG average 89.6%, national average 86.8%)

The GPs survey results also showed:

- 75% described the overall experience of their GP surgery as fairly good or very good national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey 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:

- 85.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 88.9% and the national average of 86%.
- 78.8% of patients said the last GP they saw was good at involving them in decisions about their care, (national average 81.6%).

Are services caring?

- 85.1% of patients said the last nurse they saw was good at involving them in decisions about their care, (national average 85.9%).

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

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

The practice's computer system alerted GPs if a patient was also a carer. 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 usual GP contacted them by telephone or letter. This contact was either followed by an offer of a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a telephone consultation system every day for those patients who did not feel they needed to attend for a face to face consultation or for working patients or those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, mental health needs or elderly with long term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Dedicated GP visits to two care homes fortnightly.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately. The practice worked with substance misuse services supporting over 100 patients.
- There were accessible facilities, a hearing loop and translation services available.
- The practice worked with local providers for the homeless, liaising with them and providing access to health care and support.
- The practice had negotiated with the One Care Consortium to provide access to a Community Psychiatric nurse at the practice premises.

Access to the service

The surgery was open from 8.30 am to 6.30 pm, Monday to Friday. Appointments could be made via the telephone between 8.00am and 6.30 pm and most appointments were provided on a book on the day system. Although the surgery was open during these core hours the time between 12:30pm and 3:00pm was reserved for GP home visits and telephone consultations and the administrative duties that the medical staff had to complete. A small number of pre-booked appointments were available. Patients who found it difficult to access or attend the practice could book a telephone consultation with a GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or below local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 43.6% patients said they could get through easily to the surgery by phone, (national average 73%).
- 8.53% patients said they always or almost always see or speak to the GP they prefer (national average 36.1%).

We explored these issues with the practice GPs and practice management. We found the figures although below the national average, had improved from the findings of the previous survey July 2015. This had been through employing the regular locums who were able to provide continuity of care, enabling patient to build relationships and confidence with the GP team. We heard following the inspection that further agreements had been put in place which ensured the current locums had been booked for additional sessions to provide regular surgeries at the practice. Patients told us on the day of the inspection that continuity of care had improved and that they were able to get appointments when they needed them.

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 with information on display in central areas and on notice boards. Patients had access to the complaints policy and procedure on the practice website.

We looked at a sample of complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. We found complaints were investigated thoroughly and detailed records kept. Complainants were kept informed of the outcomes. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

Are services responsive to people's needs?

(for example, to feedback?)

care. For example, a patient had felt that an unsatisfactory explanation of a diagnosis and treatment had been given

by a clinician at a consultation. The clinician telephoned the patient and apologised and explained with greater clarity their diagnosis and plan of care. The patient then wrote to the practice thanking them for their response.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide modern medical care with traditional values.

- The practice had a mission statement staff knew and understood the values.
- The practice had a robust strategy, an awareness of their need to develop and provide a service to the changing needs of the population they served. They had supporting business plans that were reviewed and updated which reflected the vision and values.

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 implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care but recognised the shortfalls they needed to address. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to them.

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 and staff felt supported by management.

- Staff told us the practice held clinical governance meetings with the partner GPs. Information from these meetings was disseminated to the clinicians at the practice. Meetings were held with the different staff groups. Information was shared to the relevant members of staff. We found that currently regular locums were not necessarily involved in clinical governance or the management of the service meetings, and therefore did not contribute to how the service was provided.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues within or outside of team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff we spoke with told us 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 the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to

Are services well-led?

Good 

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

the practice management team. For example, patients had expressed they wanted a less complicated telephone system and calls to be answered promptly. The practice took steps to audit the system by using call monitoring software. Actions taken were to reduce the number of telephone lines into the practice so that patients were informed by the engaged tone that they lines were busy and not left in queue for an indefinite period. In addition they have reintroduced a limited on line appointment system for ease access.

- The practice had gathered feedback from staff through meetings, face to face conversations and having an open culture where staff were able to make comment about the service. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had looked at different ways it could address the loss of providing a consistent team of staff to deliver clinical care. We were told the practice had been unsuccessful in recruiting to the partnership or to salaried GP posts. The partners had engaged regular locums on a regular basis which had led to continuity of care for patients. They had looked at how they could support the GP and nursing team to provide clinical care, particularly to those patients with long term conditions and who required significant support. They had employed an Emergency Care Practitioner to triage all of the home care visit requests and conduct telephone consultations and some aspects of prescribing. They had also recently employed a second Advanced Nurse Practitioner to respond to minor illnesses. The practice had also secured a full time Community Psychiatric Nurse through the One Care Consortium to take the lead in supporting the patients with a mental health concerns.

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 <ul style="list-style-type: none">The practice must ensure it has suitable arrangements in place for the security of prescription paper. Regulation 12(1)(2)(g).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	