

Bedminster Family Practice

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bedminster Family Practice on 9 March 2016. Overall the practice is rated as requires improvement. The domains for safe, responsive and well led are rated as require improvement. Effective and caring were 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 to patients care and treatment needs were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.

- The practice was working with a local service to develop a 'Rapid Assessment Clinic for Older People', which would allow a same day to within a four working day assessment of their needs.
- The practice provided minor injuries clinics and could provide treatment for cuts, lacerations and injuries.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Recruitment practices must meet the regulatory requirements and employment law.
- The provider must ensure all health and safety risks to patients are assessed and actions put in place to minimise those risks.
- Complaints made to the practice must be responded to and where needed changes are made to improve the service.

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 things went wrong patients received reasonable support, truthful information, and a 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.
- There were gaps in the recruitment process; the practice did not ensure appropriate information was obtained for permanent and locum staff.
- Risk management was not fully comprehensive; there were gaps in risk assessments for health and safety.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals 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 national GP patient survey showed 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 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 requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice provided minor injuries clinics for treatment of cuts, lacerations, minor fractures and injuries.
- 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. However, there was a high level of complaints received in the last 12 months and evidence showed the practice did not always respond effectively to issues raised. There were gaps in the monitoring of themes and trends in regard to complaints and learning from complaints and improvements were not always implemented to prevent them reoccurring.

Requires improvement



Are services well-led?

The practice is rated as requires improvement 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 it.
- 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 quality care.

Requires improvement



Summary of findings

However, arrangements to monitor and improve quality and identify risk were not always in place and improvements were needed in how the practice managed health and safety, complaints and recruitment.

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. The patient participation group was active.
- There was an aim to improve services provided to the patients and the practice were exploring methods to work with other practices to support the local community.

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 requires improvement for the care of older people. The provider was rated as good for being effective, caring and requires improvement for providing a safe, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Recruitment practices must meet the regulatory requirements and employment law.
- The provider must ensure all health and safety risks to patients are assessed and actions put in place to minimise those risks.
- Complaints made to the practice must be responded to and where needed changes are made to improve the service.
- 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.
- The practice told us it was working with a local service to develop a 'Rapid Assessment Clinic for Older People', which would allow a same day to within a four working day assessment of their needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as good for being effective, caring and requires improvement for providing a safe, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Recruitment practices must meet the regulatory requirements and employment law.
- The provider must ensure all health and safety risks to patients are assessed and actions put in place to minimise those risks.
- Complaints made to the practice must be responded to and where needed changes are made to improve the service.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- Performance for diabetes related indicators was better or similar to the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 96.4%; the national average was 88%.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for being effective, caring and requires improvement for providing a safe, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Recruitment practices must meet the regulatory requirements and employment law.
- The provider must ensure all health and safety risks to patients are assessed and actions put in place to minimise those risks.
- Complaints made to the practice must be responded to and where needed changes are made to improve the service.
- 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 91%, which was better than to the national average of 81%. 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.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as good for being effective, caring and requires improvement for providing a safe, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Recruitment practices must meet the regulatory requirements and employment law.
- The provider must ensure all health and safety risks to patients are assessed and actions put in place to minimise those risks.
- Complaints made to the practice must be responded to and where needed changes are made to improve the service. 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for being effective, caring and requires improvement for providing a safe, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Recruitment practices must meet the regulatory requirements and employment law.
- The provider must ensure all health and safety risks to patients are assessed and actions put in place to minimise those risks.
- Complaints made to the practice must be responded to and where needed changes are made to improve the service.
- 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 other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- 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 requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for being effective, caring and requires improvement for providing a safe, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 97%; the national average was 89.5%.
- 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 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 339 survey forms were distributed and 117 were returned. This was a 34.5% response rate.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 78%.
- 87.6% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patient told us they had observed that staff treated them as individuals and staff were kind.

We spoke with nine patients including five members of the patient participation group during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Recruitment practices must meet the regulatory requirements and employment law.
- The provider must ensure all health and safety risks to patients are assessed and actions put in place to minimise those risks.

- Complaints made to the practice must be responded to and where needed changes are made to improve the service.

Bedminster Family Practice

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 specialist adviser and a practice nurse specialist adviser.

Background to Bedminster Family Practice

Bedminster Family Practice is located in the Bedminster area of Bristol. They have approximately 11288 patients registered who live within the Bedminster area of Bristol.

The practice operates from one location:

Regent Road

Bedminster

Bristol

BS3 4AT

The Bedminster Family Practice is situated in a purpose built surgery close by to retail and residential areas. The consulting, treatment rooms and some of the main administration areas for the practice are situated on the ground and first floor of the building. There is no patient parking and a small number of parking spaces for staff. There is short stay parking in the local vicinity.

The practice is made up of nine GPs in total including five partners and four salaried GPs. Five male and four female. They are supported by an operational manager, assistant practice manager and administration team. The practice is a teaching practice with three GPs as trainers and two GPs as appraisers and they had one GP registrar at the time of

this inspection. One GP was a GP with special interest (GPwSI) in dermatology. They have one nurse prescriber and another in process of completing their qualification for this. There is one healthcare assistant and two phlebotomists (for taking blood samples). They have recently employed a pharmacist.

Bedminster Family Practice is open from 8.30am until 6.30pm Monday to Friday Tuesday, Thursday and Friday. There are extended opening hours Tuesday and Thursday 6.30pm until 7.15pm, Wednesday 7.00pm until 7.45pm. On Fridays patients can access early morning appointments from 7.30am until 8.00am. The practice also opens two mornings, usually the first and third Saturday each month.

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, patient participation, immunisations and unplanned hospital 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 practice website.

Patient Age Distribution

0-4 years old: 7% (the national average 5.9%)

5-14 years old: 9.6% (the national average 11.4%)

Under 18 years old: 18.8% (the national average 20.7%)

65-74 years old: 10.7% (the national average 17.1%)

75-84 years old: 4.9% (the national average 5.9%)

Detailed findings

85+ years old: 1.5% (the national average 23%)

Other Population Demographics

% of Patients with a long standing health condition is 49.2% (the national average 54%)

% of Patients in paid work or full time education is 66.8% (the national average 61.5%)

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 28% (the national average 21.8%)

Income Deprivation Affecting Children (IDACI): is 22.6% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 26.6% (the national average 16.2%)

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff including administration, management and clinical and spoke with patients from the patient participation group 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 detailed recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was a detailed protocol in place for receiving and responding to safety alerts from external organisations. There were named accountable members of staff to ensure this information was acted upon. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a wrong hormone replacement prescription was raised for a patient. The GP did not check the drop down box in the patient's electronic notes effectively at the time of initial consultation, but this was amended two weeks later at a further consultation. No ill effects to the patient occurred. The patient was apologised to and the GP shared the learning experience with colleagues. From speaking with a broad range of staff it was clear that significant events/ near misses were raised, reviewed and discussed effectively. These incidents ranged from administration to clinical care.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber (another was in the process of obtaining their qualifications to do so) and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and included details in regard to information sought for locums who were engaged to work periodically at the practice. We found appropriate recruitment checks had been undertaken prior to employment for new staff such as proof of identification, references, qualifications, registration with the appropriate professional body. We found for a new nurse the appropriate checks through the Disclosure and Barring Service (DBS) had been applied for but had not been received back. This had not been risk assessed and the practice had not recorded their decisions or actions taken to ensure patient safety until the DBS response had been received. Following the inspection the practice provided detail of the risk assessment process they had since implemented. Several members of the administration team took responsibility for the collation of information and management of the recruitment of permanent staff and the locums engaged. Although the practice had a recruitment process and recruitment checklist this was not used effectively when they engaged locums, whether they directly employed them or when obtained through an agency. We found there were gaps in information such as identity checks and training and qualifications. We saw no evidence of the partners decision making process that the locum engaged was suitable for the role they were employed for. The practice informed us following the inspection they had also updated their application form to reflect the regulations and the requirement for applicants to provide a full work history with any gaps in employment explained.

Monitoring risks to patients

Risks to patients were assessed and there were systems in place to monitor they were managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. Health and safety policies were available to staff electronically and in hardcopy. One member of staff was designated lead for health and safety. We found the practice administration staff had set up monitoring systems to

ensure that aspects of health and safety were met and maintained. However, there was no overarching health and safety policy with a defined list of procedures or risk assessments in place to wholly meet the needs of the practice. For example, the practice had a fire safety risk assessment (although not dated) 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 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. However, the practice did not have a risk assessment in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) or for the use of a platform lift.

- 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 enough staff were on duty. Administration staff had been trained and had flexible skills to meet the demands and needs of the practice.

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 the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 stored securely.

Are services safe?

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 99.6% of the total number of points available.

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 better than the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 96.4%; the national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.6% which was similar to the national average of 83.6%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 97%; the national average was 89.5%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last year, two of these were completed audits through the Clinical Commissioning Group pharmacist for prescribing practices. One was a repeat cycle of an audit from 2014 in regard to Gestational Diabetes where the improvements were made to the recall of patients for regular blood glucose testing were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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 such as diabetes, one practice nurse participated in a training update to continue with insulin conversion. Two of the GPs had recently received training for identifying, supporting and providing appropriate care for FGM (Female Genital Mutilation). When we spoke with some staff it was apparent that not all skills had been fully utilised such as Spirometry (measurement of lung function).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. 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.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example the community memory nurses and the dementia navigators. When patients moved between services, when they were referred, or after they were discharged from hospital the practice maintained appropriate links such as with the district nursing team. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had recognised that it needed to develop more routine meetings with the local health visiting team.

The practice told us it was working with a local service to develop a 'Rapid Assessment Clinic for Older People', which would allow a same day to within a four working day assessment of their needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice and 4YP (For Young People) sexual health service was accessible from the practice.

The practice's uptake for the cervical screening programme was 91%, which was better than to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also supported its patients to attend national screening programmes for bowel and breast cancer screening.

For example:

- Persons, 60-69 years old, screened for bowel cancer within six months of invitation was 42.4% in comparison to the Clinical Commissioning Group (CCG) average which was 48.7%.
- Females, 50-70 years old, screened for breast cancer within six months of invitation was 52.6% in comparison with the CCG average which was 70.1%.

Childhood immunisation rates for the vaccinations given were above or comparable to the CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 97.3%, the CCG was from 80.9% to 97% and five year olds from 86.4% to 97.1%, CCG were from 88.2% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Annual health checks were in place for patients with learning disability. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Other services hosted at Bedminster Family Practice included acupuncture, physiotherapy and the services of a chiropractor.

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 19 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 that staff treated them as individuals and that the staff were kind.

We spoke with five members of the patient participation group (PPG). 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 patients 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 similar for its satisfaction scores on consultations with GPs and nurses. For example:

- 85.3% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.8% and the national average of 88.6%.
- 84.5% of patients said the GP gave them enough time compared to the CCG average of 86.2% and the national average of 86.6%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.4% and the national average of 95.2%.

- 88.5% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP patient survey 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:

- 83.3% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81.6% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86.6% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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. Staff told us this worked well and was regularly used and extra time was allocated to ensure appointments were not rushed. Some staff had additional language skills for Urdu, Hindi and Bengali

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 154 patients as carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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/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 later appointments on Tuesday Wednesday and Thursday evenings until 7.15pm or 7.45pm. On Friday mornings the nursing team offered early morning appointments from 7.30am. Also on two Saturdays per month the practice opened during the morning for pre-booked appointments. These appointments were particularly for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Staff were supportive to accommodate patient's appointments in line with bus timetables so that patients did not incur additional costs or inappropriate bus times.
- Staff responded to patients emotional/ anxiety needs and carried out consultation or treatment at the time of their visit to the practice to prevent causing them further distress.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided minor injuries clinics and could provide treatment for cuts, lacerations, minor fractures and injuries.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.

Access to the service

Bedminster Family Practice is open from 8.30am until 6.30pm Monday to Friday Tuesday, Thursday and Friday. There are extended opening hours Tuesday and Thursday

6.30pm until 7.15pm, Wednesday 7.00pm until 7.45pm. On Fridays patients can access early morning appointments from 7.30am until 8am. The practice also opens two mornings, usually the first and third Saturday each month.

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

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

There were mixed comments about obtaining appointments from patients. Patients told us on the day of the inspection that they were able to get appointments if their need was urgent. Others found the delay in available appointments, over two weeks for non-urgent matters, was too long.

Listening and learning from concerns and complaints

The practice had a 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 which was on display at the practice and included in information available on the practice website.

We looked at 37 complaints received in the last 12 months and found that not all the complaints were satisfactorily handled and that learning had not always led to improvements being made to prevent reoccurrence. The practice did not have a thorough mechanism to monitor trends or themes of complaints, or of recording the verbal comments made to the practice which were dealt with immediately by staff. Likewise, compliments were not monitored effectively and good feedback was not always shared with staff. Themes of complaints ranged from staff attitude, confusion about results of tests, and some aspects of clinical care. Following the inspection the

Are services responsive to people's needs?

(for example, to feedback?)

practice manager provided information in regard to the developments implemented for the management of complaints in the future. They also provided greater detail of the actions they had taken since the inspection to rectify some of the complaints, for example, the new processes in place for responding to and handling results of patient's tests. This included ensuring that patients were informed and reminded about the timeframe test results were expected to be returned to the practice.

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

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Their vision was to provide patients with comprehensive medical care, to monitor patient's expectations and improve patient's satisfaction by encouraging feedback. They stated they wanted to provide excellent clinical care and promote good working relationships with other providers.
- Through discussion with staff, staff knew and understood the vision.
- The practice had a strategy and supporting business plans which reflected the vision and values and the plans to develop the service.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place to provide governance of the service. However, there were gaps in how this delivered. For example:

- 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 but they needed to be robustly reviewed and updated to meet the changes in regulations and guidance.
- A comprehensive understanding of the clinical performance of the practice was maintained. However, other aspects of the management such as responding to complaints, comments and implementing change to improve were not in fully in place.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, aspects of the recruitment process, risk assessments associated with health and safety were not in place to protect patients and staff.

Leadership and culture

The partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment and they told us that they were aware there were areas to improve in responding to significant events or complaints made to the practice. They endeavored to ensure that :

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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 regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and 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.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted suggestions and support for improvements to the practice management team. For example, improving access to information in the waiting areas of the practice. We found they were a focused and engaged group who were interested in the future of their surgery. They were forward looking to continue with the practice being a positive part of the local community. Such as supporting the practice with health promotion events, working with other PPG's within the locality, and a Retired and Senior Volunteer Programme (RSVP). Minutes of their meetings show that they discussed how they could assist the practice with the day to day delivery of the service, for example, how to reduce the number of non- attendance for appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. The nursing staff told us they were able to effect change in the system for returning instruments for sterilisation to ensure it ran smoothly and less time consuming. They also told us that changes were made to how consulting rooms were restocked with supplies as to ensure that it was a shared responsibility with other staff. 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 part of local pilot schemes to improve outcomes for patients in the area. This practice was one of 16 in the CCG area chosen to participate in a pilot called, H G Wells Diabetes Transformation Programme, to test an integrated model of care for patients with diabetes and other long term conditions.
- The practice was exploring federation with other local practices to improve the services they can provide in a more effective way.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice should ensure there are effective systems for health and safety at the practice. Regulation 12(1)(2)(a)(b)• The practice should ensure appropriate recruitment checks are made and information held in regard to staff and the locum GPs who had worked in the practice. Regulation 12(1)(2)(c)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice must ensure it has effective systems for receiving and acting on complaints. Complaints were not always investigated sufficiently and learning from complaints was not always actioned. Regulation 17(1)(2)(f).