

# Kennedy Way Surgery

## Quality Report

Kennedy Way Surgery  
Kennedy Way  
Yate  
Bristol BS37 4AA

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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

<b>Overall rating for this service</b>	<b>Good</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Good</b> 

# 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 Kennedy Way 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 Kennedy Way Surgery on 19 April 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 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good appointment access as patients who call any time between 8am and 4pm could speak to a GP and can be seen that day by the GP of their choice. Patients confirmed they found it easy to make an appointment with a GP and there was continuity of care.
- The practice had identified vulnerable groups of patients and provided opportunities for group such as ex-military patients with access to a GP who had military experience.
- 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

- Patients had nominated the practice for a GP of the Year at the Bristol Health and Care Awards 2016 at which they were runners up.
- 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 practice must ensure that the policies for medicines management including prescription security are fully implemented and monitored.
- The practice must ensure there was evidence on site which provided assurance of the professional qualifications, Disclosure and Barring Service (DBS) checks and training for all the of the staff who worked at the practice.
- The practice must undertake an infection control audit and include a legionella assessment.

The areas where the provider should make improvement are:

- The practice should record emergency equipment checks for all the equipment designated for this purpose to ensure it is still within its 'use by' date.
- The practice should review waste management storage to ensure it is not accessible by the public.
- The practice should have an electrical safety check against the UK standard for the safety of electrical installations, BS 7671 – Requirements for Electrical Installations (IEE Wiring Regulations).

**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.
- Risk management was recognised as the responsibility of all staff however we found some areas such as infection control and legionella had not been recently assessed.
- We found the practice had reviewed and put into place policies and procedures however they had not monitored them to ensure they had been fully implemented, for example, the systems in place for prescription security were ineffective as they had not been followed by all staff.
- The practice must ensure there was evidence on site which provided assurance of the professional qualifications, Disclosure and Barring Service (DBS) checks and training for all the of the staff who worked at the practice.

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



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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. For example, the practice referred patients to the South Gloucestershire Active Aging Service which offered a new system of assessment of need for patients age 80-84 years old.
- The practice had good appointment access as patients who call any time between 8am and 4pm speak to a GP and can be seen that day, by the GP of their choice. Patients confirmed they found it easy to make an appointment with a named GP and there was continuity of care
- 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 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.

Good



# Summary of findings

- 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 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, which it acted on. The patient participation group was actively involved in the practice.
- There was a 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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice referred patients to the South Gloucestershire Active Aging Service which offered a new system of assessment of need for patients age 80-84 years old.
- The practice allocated a named GP for each care home they had patients in who visited routinely on a set day each week.

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.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, the practice provided eight week post-natal mother and baby checks.

## **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).

- 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.
- Same day appointments were available for all patients who contacted the practice between 8am and 4pm as well as a range of 'commuter clinics' provided for those at work.

Good



## **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 ex-military, homeless people 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.
- 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.
- Weekly clinics are held within the practice for patients with substance misuse. There was a self-referral service to the local drug and alcohol team.

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).

Good





# Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 127 were returned. This represented 1.1% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% 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 12 comment cards which were all positive about the standard of care received. Patients commented about the excellent care they received from professional staff who listened to them and were responsive to their needs.

We spoke with nine patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice also had their practice friends and families test which had elicited a positive response about recommending the service. For example, in January 2016 they had six responses with 100% recommendation, five being extremely likely and one being likely to recommend.

## Areas for improvement

### Action the service MUST take to improve

The areas where the provider must make improvement are:

- The practice must ensure that the policies for medicines management including prescription security are fully implemented and monitored.
- The practice must ensure there was evidence on site which provided assurance of the professional qualifications, Disclosure and Barring Service (DBS) checks and training for all the of the staff who worked at the practice.
- The practice must undertake an infection control audit and include a legionella assessment.

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should record emergency equipment checks for all the equipment designated for this purpose to ensure it is still within its 'use by' date.
- The practice should review waste management storage to ensure it is not accessible by the public.
- The practice should have an electrical safety check against the UK standard for the safety of electrical installations, BS 7671 – Requirements for Electrical Installations (IEE Wiring Regulations).

# Kennedy Way Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a nurse specialist adviser, and an expert by experience.

## Background to Kennedy Way Surgery

The Kennedy Way Surgery catchment area covers urban and rural districts in the Yate district of South Gloucestershire.

The practice currently is operating from one location:

Kennedy Way Surgery

Kennedy Way

Yate

Bristol BS37 4AA

The practice had a branch surgery based in a local village which is not currently open due to staff shortages.

The main practice is sited in a purpose built one storey building. An independent pharmacy is located at the site. The practice has a patient population of approximately 11,200.

The practice has four GP partners, three salaried GPs (male and female), a practice manager (who is also a partner), two practice nurses, and three health care assistants. Each GP has a lead role within the practice and nursing staff have specialist interests for improving the care of patients such as diabetes and asthma.

The practice is open Monday to Friday 8am-6.30pm. Same day appointments were available for all patients who contacted the practice between 8am and 4pm. In addition they offer online pre-bookable telephone advice slots from 6.30am to 7am and pre-bookable face-to-face appointments from 7am to 8am.

The practice had a Personal Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provided enhanced services which included facilitating timely diagnosis, admissions avoidance, support for patients with dementia and childhood immunisations.

Kennedy Way Surgery, in line with other practices in the South Gloucestershire Clinical Commissioning Group, is situated within a significantly less deprived area than the England average. Information from Public Health indicates that people living in this area experience healthier lifestyles. Life expectancy is higher than the England average.

The practice is an approved training practice and participate in the training of GPs. On occasions they also have student nurses who spend some time within the practice to gain experience of community care.

The national GP patient survey (January 2016) reported that patients were more than satisfied with the opening times and making appointments. The results were above local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and BrisDoc provide the out of hours GP service.

#### Patient Age Distribution

0-4 years old: 5.14%

5-14 years old: 11.17%

# Detailed findings

15-44 years old: 37.47%

45-64 years old: 31.25%

65-74 years old: 8.87%

75-84 years old: 4.34%

85+ years old: 1.77%

Patient Gender Distribution

Male patients: 50.45 %

Female patients: 49.55 %

Other Population Demographics

% of Patients from BME populations: 4.03 %

## 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 19 April 2016.

During our visit we:

- Spoke with a range of staff: GPs, practice nurses, management and administrative staff and attached health visitors.

- We spoke with patients who used the service including members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

- Staff told us they would inform the practice manager of any incidents and there was a policy and process for recording incidents available. 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. The practice had a system to evaluate significant clinical events and incidents. Staff met quarterly to review information from these events. Records demonstrated there had been changes to practice such as reiterating and improving the specific processes to follow for two week wait referrals.
- GPs and nurses responded to national safety alerts and used internal and external systems to share experiences with others prevent reoccurrence.

### 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 were trained to child safeguarding level 3. All staff had received training in tackling domestic abuse as part of the South Gloucestershire Clinical Commissioning Group (CCG) initiative. They had a system of alerts on the medical records for patients at risk of, or with a history of, domestic violence and for those families who are a cause for concern due to safeguarding children concerns.

- 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. The practice had recently employed a cleaning contractor (March 2016) and intended monitoring the practice for cleanliness through spot checks and audits.
- We observed that measures to prevent infection were in place at the practice such as alcohol hand rubs and disposable gloves. Staff had undertaken infection control training and updated this through e-learning. There was an infection control protocol included in the practice clinical governance policy, however, there were no recent infection control audits. The nurse team worked collectively to implement infection control measures in the clinical areas, however, no one nurse took the lead. This was because of a vacancy within the team for a lead nurse. We observed there were areas for improvement which would have been highlighted by the audit process. These included provision of elbow taps in treatment rooms, handwashing signage in patient toilets and storage of clinical waste in locked bins in an area accessible to the public. This was an area of improvement raised with the practice manager for action.
- We found the practice had a detailed policy in place for managing medicines, including emergency medicines and vaccines, in the practice. When we checked the medicines held we found that the medicines policy had

## Are services safe?

not been fully implemented by staff and some medicines were out of date. The staff did not have a comprehensive system of record keeping for checking these medicines. This was an area of improvement raised with the practice manager for action.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, 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. We checked the system and found that the recorded serial numbers did not tally with what was stored in the cupboard. We observed an unsecured prescription pad in a consulting room. This meant the systems in place for prescription security were ineffective as they had not been followed by all staff, and the practice did not have a complete audit trail if a security breach occurred. This was an area of improvement raised with the practice manager for action.
- Patient 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 (PSD) from a prescriber. We saw evidence of these held on the electronic record system. We found the cold chain policy was understood by reception staff and nurses; stocks of vaccines were routinely checked and rotated.
- We reviewed five personnel files and found evidence of appropriate pre-employment recruitment checks such as proof of identification, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service. We found this was complete with the exception of one staff member for whom the practice did not have a current DBS check. This was an area of improvement raised with the practice manager for action.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had been identified to act as fire wardens to evacuate the building in the case of fire. 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 did not have evidence of an Electrical installation safety check which should be undertaken every ten years. (This check assesses the condition of the electrics against the UK standard for the safety of electrical installations, BS 7671 – Requirements for Electrical Installations (IEE Wiring Regulations)).

- 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.
- We received verbal assurance from the practice manager that a legionella assessment of the building had been undertaken and no specific control measures were identified. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice should have a copy of the assessment to demonstrate they had undertaken their statutory duty in this area of health and safety.
- The practice ensured they held their own policies and procedures as required of an employer. For example, they had a health and safety policy for staff employed by the practice and they had nominated first aiders.
- The practice used risk assessment tools to identify patients at risk of hospital admission who were identified as a priority and had care management plans in place.
- The practice used regular locum GPs for whom they undertook appropriate checks to ensure they were suitable to be employed, for example, checking the General Medical Council (GMC) register and the NHS England performer's List. However some of the evidence such as GMC checks had not been completed.
- The practice had been using agency nurses to cover the vacancy in the nursing team however there was no evidence on site which provided assurance of their suitability and training for the role. This was an area of improvement raised with the practice manager for action.

## Are services safe?

- 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.

### **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 easily accessible to

staff in a secure area of the practice and all staff knew of their location. However, some of the medicines were out of date and staff did not have a comprehensive system of record keeping for checking these medicines.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff did not have a comprehensive system of record keeping for checking the equipment and we found some of the equipment was past its usage date and required replacement.
- First aid equipment and an accident book were available.

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. We saw the yearly diabetes management plan given to all patients with a diagnosis of diabetes as part of their annual review was based on NICE guidance.
- We found the practice routinely used NICE patient assessment flow charts adapted by the Clinical Commissioning Group for conditions such as chronic obstructive pulmonary disease.
- The practice monitored these guidelines through their clinical governance processes and through the root cause analysis of significant events and complaints.

### 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 for 2014/15 were 97.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. The practice exception reporting was lower than the CCG and national averages for the majority of domains apart from atrial fibrillation and osteoporosis which had slightly higher exception rates but not significantly higher.

Data from 01/04/2014 to 31/03/2015 showed:

- Performance for diabetes related indicators was similar or better than the national average for example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was that of a healthy adult was 92% compared to the national average of 80%.

- 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 the record, in the preceding 12 months was 94% compared to the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 92% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been a range of clinical audits completed in the last two years; the medicines optimisation audits were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example, the Clinical Commissioning Group used information from NHS Business Services Authority e-prescribing to benchmark the practice for antibiotic prescribing.
- Findings were used by the practice to improve services. For example, the cervical smear testing samples were closely monitored which ensured that the number of inadequate samples were kept below the acceptable statistical error range.

### 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. We noted that this did not always include locum staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff undertaking minor injuries treatment there was training and ongoing monitoring to support staff in the role.



# Are services effective?

## (for example, treatment is effective)

- 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, 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, basic life support and information governance. Staff confirmed they 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 such when advising Out Of Hours doctors of specialised care plans in place for individual patients.
- We were told patient correspondence from other health and social care providers was scanned into patient records once the GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.
- Community nurse teams could access a restricted area of the patient records remotely for any test results and to add details of their visits.

- Patients' blood and other test results were requested and reported electronically to prevent delays. All of the results were reviewed on the day they were sent to the practice to minimise any risks to patients so that any necessary actions was taken.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We spoke with the health visitors based at the practice who were eager to re-establish regular meetings (which had lapsed due to personnel changes) with the practice to promote team working.

### 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 and recorded 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 for the patient's treatment.

### 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, smoking and alcohol. Patients were signposted to the relevant service.
- A dietician held monthly clinics at the practice and smoking cessation advice was available from practice staff who had seen 86 patients 2015-16.

## Are services effective? (for example, treatment is effective)

Information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for the cervical screening programme was 80%, which was higher than the national average of 74%. 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. 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; uptake by patients for breast screening at 80% was higher than the Clinical Commissioning Group (CCG) average at 77% and national average at 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 100% which compared to the CCG average of 84-99% and five year olds from 94% to 100% which compared to the CCG average of 93-99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS Health Checks to all patients not already on a chronic disease register aged 40-74 years. The practice had completed 119 health checks for 2015-2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, when abnormalities or risk factors were identified.

# 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 12 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. One patient noted that there was difficulty accessing the practice as a wheelchair user as the door was not electronic.

We spoke with two 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 they needed help and provided support when required.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% 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 86% and the national average of 87%.

Patients had nominated the practice for GP of the Year at the Bristol Health and Care Awards 2016 at which they were runners up.

### 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 (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 86%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 80% 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%.
- 82% 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 resources to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There was a hearing loop available at the practice.

### **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.

We were told of how the practice supported patients to receive appropriate treatment. For example, one patient diagnosed with a learning disability was anxious about attending the practice. The nursing staff from the practice had visited them at home to introduce staff and familiarise them with any procedures they might experience at the practice. The staff were flexible in their approach and visited patients at home if attendance at the practice was difficult. One staff member highlighted the practice ethos of ensuring patients had all their needs met on one visit.

The practice had well developed and embedded support systems for carers, including younger carers, who were identified by the practice for a carers' assessment which could take place at the practice or at the patient's home. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 315 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Carers could also be referred for an assessment to identify any additional support needs. The practice provided additional support to carers in the following ways:

- Patient records were notated to indicate they were carers.
- Carers were routinely offered flu vaccines.
- Appointments were flexible to meet the needs of carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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. For example, the practice referred patients to the South Gloucestershire Active Aging Service which offered a new system of assessment of need for patients age 80-84 years old.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice allocated a GP for each care home they had patients in, who visited routinely on a set day each week.
- Same day appointments were available for all patients who contacted the practice between 8am and 4pm.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics. There were accessible facilities (the key to which was held at reception), and designated parking bays for blue badge holders.
- One GP at the practice provided an eight week post-natal mother and baby appointment at the same time as health visitor clinics were held to reduce the number of attendances needed.
- The practice had successfully promoted their online services and had in excess of 50% of patients signed up to online services.
- The practice had identified vulnerable groups of patients and provided opportunities for group such as ex-military patients with access to a GP who had military experience.

### Access to the service

The practice was open Monday to Friday 8am-6.30pm. Same day appointments were available for all patients who contacted the practice between 8am and 4pm. Patients contacted the practice and the GPs telephoned them within a two hour period. This meant that all patients who contacted the practice had a consultation with a GP who assessed their clinical symptoms and either provided

treatment by telephone or invited patients to attend the practice for a face to face consultation. This system was valued by patients who told us they appreciated the contact with the GP and found it reassuring there were always appointments available.

In addition the practice offered online pre-bookable telephone advice slots from 6:30am to 7am and pre-bookable face-to-face appointments from 7am to 8am and a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours. Patients who commented on this told us they found this to be a very easy system and efficient service to use.

After 4pm the practice only dealt with urgent problems which would not wait until the following day. All urgent contacts were identified by a green icon, so that it was easy for the GP to see an urgent consultation or home visit request. Each day two slots were allocated as 'follow up' appointments to enable GPs to book patients for review from two days to four weeks ahead. This enabled the GP to monitor the patient's progress and acted as a safeguard. Two slots per GP were allocated each day for home visits.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection 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 complaint 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.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaint system on the website and a practice leaflet.

We looked at a selection of the 13 complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. Complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution. All complaints were categorised and a summary of complaint type was used as an indicator for practice improvement.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, one complaint about a delayed referral had been escalated to a significant event and action taken to reiterate and refine practice procedures.

The practice also monitored compliments and noted that from April 2015 to March 2016, 14 compliments had been received.

# 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 deliver high quality care and promote good outcomes for patients. Their statement of purpose identified the practice would:

- Provide excellent all round family health care by providing an atmosphere for patients that was professional, welcoming and encouraged full participation in their own health care.
- Ensure every member of the team realised the value of their role.
- Be committed to on-going education and development for all practice members, and developing practice mechanisms to cope with change in an evolving NHS.

The practice had a robust strategy and supporting plans which reflected the vision and values. We saw evidence of these in the business meeting minutes which all partners attended.

### 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. For example, the practice nurse oversaw the health care assistants to ensure they were confident and competent in their role.
- Practice specific policies were well written and were available to all staff. There was a system of dissemination of new policies and procedures through staff meetings and an internal internet library which was accessible through a shortcut on all practice computers.
- A comprehensive understanding of the performance of the practice was maintained. For example, each GP took lead roles in a number of clinical areas and had responsibility for oversight and service development. An example of this was the GP lead for the nursing team who liaised with them to develop new clinical protocols and to support and mentor professional development.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, the practice undertook audits of telephone answering call times in order to monitor performance and plan resources. The practice also conducted their own surveys.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as succession

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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 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:

- 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. We saw recorded meeting minutes which clearly identified actions and timescales. Minutes were circulated throughout the staff teams to inform and keep staff up to date.
- 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. We noted there was good attendance at meetings with varied agenda items.



# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the team working ethos at the practice. Staff told us they felt involved in discussions about how to run and develop the practice, and could 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. The PPG had been established for 20 years and met regularly to discuss practice developments. We spoke with two members from the group who told us initially their role had been to fund raise for equipment. The group had recently enrolled as parts of the **National Association for Patient Participation (NAPP)** They represented the patient voice at the practice and acknowledged that there was increased satisfaction expressed by patients about the service. Currently the specific projects the

group were involved with were around health promotion events; recently one member of the PPG had spoken at a local school about the health promotion events at the practice.

- 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 practice had a suggestion box and ran the family and friends test.
- The practice updated patients with a regular newsletter and a news section on the website.
- The practice used social media to inform those patients who may not use GP services frequently about upcoming events.

## 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. For example, the practice had undergone a recent educational audit by the University of the West of England for approval to take nursing students.



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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to mitigate the risks associated with the medicines management and prescription security.</p> <p><b>This was in breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment.</b></p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

# Requirement notices

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with infection control audit and legionella assessment.

**This was in breach of regulation 15(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

## Regulated activity

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.**

### How the regulation was not being met:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with employment of staff and must ensure there was evidence on site which provided assurance of the professional qualifications, Disclosure and Barring Service (DBS) check and training for all the staff.

**This was in breach of regulation 18(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**