Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bradley Stoke Surgery

Brook Way, Bradley Stoke, Bristol, BS32 9DS

Tel: 01454616262

Date of Inspection: 04 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bradley Stoke Surgery
Registered Manager	Dr. Norman Douglas
Overview of the service	The surgery has four GP partnership members, one of whom was also the registered manager. In addition to this there are six salaried GP's. At the time of the inspection the surgery supported approximately 15,400 patients.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We were welcomed by patients and all members of staff when we visited. The inspection was announced to the service 48 hours prior to our visit. We were supported throughout the day by the practice manager and assistant practice manager. The practice manager had considered a programme for our visit so that we had a variety of patients and staff to speak with. We attended a baby clinic, a treatment room nurse consultation and a clinic for a diabetic review.

We looked at some written comments that patients had left on the NHS Choices website. Comments included "I have a good feeling about the surgery, pleasingly I see my experience is improving with time", "I was surprised to see negative comments about the surgery. I have been a patient since 1994 and have always received excellent treatment" and "I would recommend this surgery to anyone for the professionalism, dedication and friendliness of staff".

Staff were happy to share their experiences about how they supported patients who used the service. It was evident staff we met with were "proud" to work at the surgery and the services they provided. Staff supported the surgery and its commitment to deliver quality services in a manner that improved patient experience, their health and wellbeing. The surgery considered the community they were supporting and were always thinking of innovative ways to improve and expand services for patients so that they had access to new care and treatment within their local community.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we attended a baby clinic and treatment room nurse consultations we saw patients and parents were receiving care and support in a sensitive, respectful way. The treatment room nurses introduced us to their patients and explained why we were there. They assisted the patient to prepare for their treatment gently and with care.

Both patients and the parent were given clear information and an explanation about the procedures/treatment they were going to receive. Both the GP and nurses talked throughout their consultations offering reassurance and advice. People were involved in the process throughout, they were not rushed and were able to talk about their anxieties and ask questions.

Comments included "They have all been a tremendous support to me and my family and I don't know what we would have done without them", "I cannot fault them, the reception staff are very helpful" and "What I like is that I am treated like an individual, we call each other by first names, I'm not a number I am a person that they care about when I come here".

Post care/treatment was explained to the patients and the parent. This included changes in medication, looking for signs and symptoms of infection and possible side effects of immunisations. Explanations were clearly described and the patients and parent were asked if they understood everything they had been told.

The two patients had been visiting the nurses for some time. It was evident that they had formed supportive, professional relationships. The nurses were very knowledgeable about the patients and their families. The patients praised the nurses, their GP's and the overall services provided by the surgery.

Patients were provided with useful, helpful information about the surgery on their website, notice boards or through patient leaflets. Practical information included opening hours,

registering with the surgery, making appointments, requesting prescriptions and finding out test results.

The website had a noticeboard section which informed patients about current news within the surgery and the local community. There were some reminders of services: flu vaccination clinics, GP/staff changes, shingles vaccinations, accessing free NHS health checks and supporting health information on stress and how checking your pulse can save your life.

For those patients who preferred not to use the internet this information was provided on the noticeboards in the waiting rooms. The website gave patient's access to information of services the practice could provide which included, minor surgical procedures, health promotion, special clinics, counselling and physiotherapy.

The partners and managers spoke with us at length about how they supported carers. Patients were asked to inform the surgery if they cared for a significant other. The website provided carers with various useful links which included taking beaks, applying for benefits, support groups and managing legal affairs. The surgery helped facilitate smooth, swift booking for GP/nurse appointments for carers so that they could make necessary plans when they were absent from carer duties.

Care and treatment was planned and delivered in a way that helped ensure their safety and welfare. Various systems were in place to assess, monitor and evaluate care and treatment that patients were receiving. This helped to ensure that treatment was appropriate, up to date and effective.

The surgery had registers of patients with long term or chronic diseases for example, asthma, diabetes and coronary heart disease. This enabled the surgery to manage regular monitoring and appointment checks to help promote healthy management of the conditions. Clinics for asthma and diabetes were run by nursing staff and a GP had responsibility for monitoring the disease registers and ensuring that patients received relevant follow up appointments.

On occasions patients had to wait beyond their booked appointment time. Sometimes this could not be avoided and the majority of patients understood that this happened. We spoke with three patients about waiting times. They told us "I know that sometimes I may have to wait a few minutes, they are normally pretty good, you have to consider the patients' needs before you", "I haven't ever experienced a problem the nurse clinics always run on time" and "As long as I'm kept informed how long I will have to wait I don't have a problem".

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the policy for protecting vulnerable adults and children. This had been reviewed in April 2013. The practice recognised its commitment and responsibility to protect patients from the risks of harm. There was a simple flow chart to help guide staff should they need to report a concern/possible safeguarding incident.

The policy gave staff clear information including recognising when abuse may have occurred, prevention of instances of abuse, confidentiality, consent, disclosing abuse, working collaboratively with other agencies and actions and investigation of abuse.

The procedures informed staff about the relevant people to contact "in the event of a concern regarding the welfare of a patient". This included local authority safeguarding teams, the Community Mental Health team, commissioners, the police and the Care Quality Commission.

The practice further ensured that patients were protected by ensuring effective recruitment and selection and that staff were familiar with the whistle blowing policy, complaints procedure and risk assessment and risk management procedure.

Safeguarding meetings were held every Thursday. This was so that vulnerable patients that were either potentially at risk or were at risk could be supported effectively. We looked at the minutes for the five meetings held throughout the month of November. One GP was always present and other GP's attended the meetings if they had particular patients at risk or cases and they wanted to discuss them. There was always a midwife, health visitor and management present at the meetings. The minutes gave clear, concise accounts of the discussions that took place and any subsequent actions that were required.

The senior partner was the safeguarding lead for the practice. They spoke about their roles and responsibilities in order to ensure that staff were up to date with current legislation and practice. They explained to us about their multi-disciplinary approach to safeguarding their patients and working alongside, the local authority, community health care professionals and the police.

They were knowledgeable about the practice's responsibility to protect vulnerable patients under the Mental Capacity Act (2005) and gave examples about best interest discussions held in order to protect patients appropriately and effectively.

The training matrix showed us that staff had received training in protecting children and vulnerable adults and dates had been set for updates. The practice identified and recognised potential vulnerable groups within their patient lists and local community. Training was currently being accessed for staff with a Specialist Health Visitor for "Gypsy and Travelling Families". The course would include prejudice, cultural awareness, the health inequalities they experienced and how services could best meet their needs in order to help protect them.

The surgery had recently been congratulated by the UK's Domestic Violence organisation because staff had completed IRIS (Identification and Referral to Improve Safety) training. The training supported general practices by providing specialist in-house training about domestic abuse and a direct referral pathway to a named contact for female patients who were experiencing domestic abuse.

The surgery provided patients with a wide range of information to help support and protect them. This included leaflets and posters. We saw posters provided by South Gloucestershire Local Authority about protecting vulnerable adults and children from abuse. Patients also had information about The Bridge, the Avon and Somerset Sexual Assault Referral Centre.

In November 2013 the South Gloucestershire Partnership against Domestic Abuse had awarded the surgery a certificate for "Excellence in Practice". Since October 2012 the Clinical Commissioning Group (CCG) had encouraged GP practices to be engaged with the MARAC process and to provide information in relation to victims and their children. MARAC stands for Multi Agency Risk Assessment Conference and is a monthly multi agency meeting, chaired by Police, focusing on the safety of victims of domestic abuse identified as being at high risk.

The certificate stated "From the outset Bradley Stoke have been fully committed to the process and have consistently returned 100% of requests for information. The information is returned in a timely manner before the meetings and the surgery also provides an update on the actions they have taken".

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The building that Bradley Stoke surgery operated from was able to facilitate all the services they provided to patients. The surgeries facilities had been expanded over the years due to the expansion of services they provided and to meet the need within their local community with regards to the resident population.

Consultations took place in individual rooms with one patient at a time. These rooms could be locked for added security when maintaining privacy. Curtains were in place to maintain privacy and dignity as much as possible during physical examinations and windows were fitted with blinds which could be closed if required. Consultation rooms provided couches that could be lowered to assist patients who required an examination.

We saw that consideration had been given to patients with restricted/limited mobility. This included level access into the practice and throughout the ground floor. In addition to this a service lift had been installed should patients need to access the first floor for treatments.

Corridors and doorways were wide to facilitate wheelchair access as were designated toilet facilities. The reception desk was also at a lower level for patients that visited the surgery in a wheelchair. There was ample designated parking provided to the front of the building.

Patients and staff who used the premises were afforded suitable space, storage, heating, lighting and ventilation. We saw that there were sufficient toilets available. Staff were also provided with a large staff room and kitchen facilities. There were safe, secure storage facilities for personal belongings.

There were various policies and procedures in place to help protect the safety of people who used the services. These included medical premises and equipment, health and safety, disaster recovery plans, processes in the event of fire, risk assessments and incident reporting.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with patients throughout our visit and asked them about the staff at the practice. We also saw written comments that patients had left on the NHS Choices website and personal thank you cards sent to the practice. Comments about the staff included "Thank you to the receptionists who took so many calls from us and passed messages on and dealt with all of our queries so quickly and efficiently", "I have found nurses are very professional and walk that extra mile when help is needed" and "Four generations of my family are patients at this surgery and we have all had really good experiences. I cannot speak highly enough of the GP's".

The practice had a robust policy for recruitment. The policy included recruitment and selection processes, supervision of staff, accreditation, training and development and continuing professional development. It stated "The policies are designed to promote flexible working, recognise the work life balance and encourage personal development and lifelong learning in the pursuit of outstanding levels of patient service delivery".

The practice had effective policies and procedures to "help ensure the recruitment and selection of staff with appropriate skills and experience". The practice also considered and recognised applicant's personalities and personal achievements to help ensure that they would be suited and supported by the existing staff team.

Applicants were required to complete an application form and higher level posts required applicants to submit a Curriculum Vitae (CV). Applicants completed a section in their application forms detailing an employment history with start and finish dates and the 'reasons for leaving'.

All the information received was discussed and a shortlist was produced for the people that the practice wished to interview. Two staff conducted the interviews and some senior level positions were attended by more than two interviewers. Some applicants were interviewed more than once depending on the position they were applying for. Interview questions were tailored to the roles and positions that people were applying for.

The interviewers provided written accounts of applicant's responses to the questions they asked and questions were given a rating out of five. This provided first impressions, the

quality of applicant's answers to questions and interviewees strengths and weaknesses.

A minimum of two references were always required and if they did not provide enough detail additional references were requested. Staff references provided information about their personal qualities and previous experience to help provide assurances that they were honest, trustworthy and that they would treat people well.

Written comments from referees included "They are loyal, hardworking and always ensure they give 100 per cent", "Very caring person that will always go that extra mile", "Extremely capable, a valuable employee, learns quickly and adapts well to new challenges" and "Clinically very competent, reliable and popular with patients and colleagues".

All the information was analysed and discussed in a group meeting following all interviews. This included looking at all the documentation, the outcomes of the interviews and whether applicants would enhance the existing staff team.

All relevant checks had been completed before staff commenced employment, including those with the Disclosure and Barring Service (previously known as Criminal Records Bureau checks) to help ensure that patients who used the service were protected and safe. The practice manager checked that nurse's registration with the NMC was up to date and had not expired.

Staff were given an extensive employee handbook to help support and protect them throughout their employment. This included policies and procedures for equal opportunities, health and safety, grievance and harassment and complaints.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received.

Reasons for our judgement

The provider had both external and internal governance and quality assurance arrangements in place. External arrangements included the practice participating in the Quality Outcome Framework (QOF). This was a voluntary system for performance management and an incentive scheme for GP practices in the UK, where they were rewarded for how well they cared for their patients.

The QOF contained four main components, known as domains. The four domains were Clinical Domain, Organisational Domain, Patient Experience Domain and Additional Services Domain. Each domain consisted of a set of achievement measures, known as indicators.

The practice had dedicated staff responsible for analysing the QOF, reporting progress on the practices achievements and where improvements were required. Practice meetings also dedicated time to discuss the QOF and what actions may be needed.

The management and partners were constantly striving to look at innovative ways to improve its services to patients. They used various forms of acquiring patient feedback and the current systems in place helped to identify areas for improvement and those areas that were working well. These included comprehensive audits, patient participation surveys, a suggestions box, a friends of Bradley Stoke forum, robust policies and procedures and various meetings which were held through each month.

We looked at the survey results for this year. The survey distribution commenced in August 2013 and to date they had received 70 responses. The results of the surveys had been positive and useful. Patients had been forthcoming about how things could improve in certain areas and provided constructive suggestions.

Comments included "I find all staff and doctors very helpful, understanding and supportive. The surgery is well organised and I would like to thank everyone involved in running such a good practice", "It would be helpful if appointments could be booked ahead by telephone and that more online appointments were available" and "The surgery is wonderful, yes of

course you will have people that are unhappy but for us as a family the surgery is excellent".

Although the completion of surveys was ongoing the practice manager had produced an interim report. Overall the early results showed that the surgery was providing a "good" level of service to their patients. The report stated that "Carers feel well supported in general, however not all carers are aware of the support and services available to them". The majority of patients had noticed improvements in booking appointments but there was still room for improvements for some patients.

We looked at various minutes of meetings that had been held throughout the year. These included "Palliative Care Multidisciplinary Team" meetings, "Care Plan" meetings "Significant Event" meetings and "Safeguarding" meetings. Minutes gave clear detailed accounts of the discussions that took place and evidenced "learning points" and "actions to be completed".

Patients had taken the time to complete slips with regards to suggestions/comments and these were posted confidentially in a locked box in the surgery. Patients were able to leave a contact name and number and we could see written evidence that the surgery had contacted patients to discuss the details of comments and suggestions that had been raised. In some cases people had been responded to formally in writing.

One patient had suggested that an anti-bacterial gel was placed next to the surgeries electronic booking in system. They stated "Hopefully this would encourage more patients to use the gel and reduce the risk of picking up infections". This was put into place by the surgery. Another patient wrote that they had recently had an operation on their spine and that they couldn't sit in the waiting room chairs. The surgery contacted the patient and two alternative chairs were purchased and placed in the waiting room.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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