

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

Graham Road Surgery

22 Graham Road, Weston Super Mare, BS23
1YA

Tel: 01934628111

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2013

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

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

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

Details about this location

Registered Provider	Graham Road Surgery
Registered Manager	Dr. Miriam Ainsworth
Overview of the service	<p>Graham Road Surgery is a GP practice in the centre of Weston super Mare. The practice supports around 9200 patients and offers a range of services including minor surgery, health screening, childhood vaccinations and immunisation such as shingles or pneumococcal immunisations, family planning services, asthma and diabetes advice.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 announced 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 9 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We visited the practice on 9 October and we spent time talking with patients and meeting the patient participation group. We talked to the practice manager, lead practice nurse, three doctors and medical administration staff.

All of the patients we met spoke positively about the treatment and support they had been given. We heard comments from patients about the service such as "the receptionists are very helpful they went out of their way to help me" and "I know that when I come here the doctors are listening to me."

Patients said their health problems and treatment options were fully explained and were told "I always feel involved in any decisions" and "I can have a choice of which doctor I see."

We talked with patients about their confidence in the skills and knowledge of the staff team. People told us that the staff they had met appeared knowledgeable. We found that the practice supported staff through training.

We found staff were clear about what action they would take if they saw or suspected any abuse. Staff had completed some training in this area, and we were told about the arrangements in place to update staff's knowledge.

We saw that there were organisational policies and procedures in place to guide staff and their practice. We found there was system in place to audit the practice and make changes to improve patient care.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Graham Road Surgery is based in a conversion of two adjoining Victorian houses. When we arrived we observed a long queue of patients waiting outside the door to be seen at reception. The practice manager told us that the area where people were able to wait was too small and did not allow for sufficient privacy for patients to speak confidentially to receptionists. We were shown an area behind the reception which they planned to utilise and make the reception area larger. We were told that information about developments at the surgery was displayed on notice boards within the surgery as well as on the website.

The waiting room was separated from the reception desk. During our visit we observed the waiting area and saw patients were able to sit and wait comfortably until collected by staff for their appointment. Health promotion information about health conditions and lifestyle advice was available to patients. We saw there was an information leaflet for patients about the services provided at the surgery. The leaflet was clear and informative and was given to patients routinely when they registered with the surgery. This leaflet was also available to patients in the reception area. The surgery had a website with information about the staff, the services provided at the surgery, opening hours and how to re-order medicines.

People we met and talked with said they were listened to, given time and staff were patient with them. We were told the GPs and nurses gave people time to explain their health problems and options for treatment were discussed. For example, one patient said "the doctors and the nurses always turn away from their computer and make eye contact with me." Patients confirmed they were encouraged to ask questions and staff checked their understanding of the information given.

The patients we spoke with during this visit told us they were well supported by all staff and they had confidence in the service. Patients told us that staff were "friendly, polite and "helpful". One patient said "the doctors go through everything so I feel confident with them."

We asked patients if they felt their privacy and dignity were respected. We were told "I found the receptionist very helpful and I feel I am respected" and "the only problem is with booking an appointment. Once you are here with staff it is fantastic." We saw that the consultation rooms were away from the waiting area and patients could not be overheard during their consultation. Curtains were in treatment rooms to screen people and to provide privacy when people needed to remove clothing. We saw that patients were offered the services of a chaperone. The staff we spoke with were aware of the importance of treating people with respect and dignity. We observed that staff always knocked before entering the consultation and treatment rooms.

Staff at the surgery knew how to respond to people who could not fully understand the information about their diagnosis and treatment. The staff told us they knew about the provisions of the Mental Capacity Act 2005 and acting in people's best interests. If a patient came for a consultation and did not have the mental capacity at that time to make an informed decision, the doctor or nurse then involved others who spoke for the person.

The surgery sought the views and ideas of their patients. We met with three members of the Patient Participation Group (PPG). This was a group of patients who met monthly and provided feedback on the range and quality of services provided. We saw the results from the 2012 patient survey had been analysed and published on the PPG webpage. They told us about their intention to carry out another survey using questions pertinent to the surgery which focussed on areas such as awareness evenings for health issues like prostate cancer.

The group told us that there was always representation from the surgery staff at their meetings. We heard "we usually have the practice manager and two of the GPs attend which shows they value the group." The group told us they understood the pressures and increasing demands on the surgery and wished to be involved in seeking solutions. The Patient Participation Group told us they felt very involved with the surgery and liaised closely with the practice manager. They stated they wanted to do more to influence the direction of the service and had suggested using the building outside of surgery hours for health promotion events such as those pertaining to men's health issues.

They told us they discussed a range of topics and looked at issues affecting the surgery and the community. They told us about the changes the group had suggested following consultation with patients. For example, we were told that many patients had expressed their frustration with the telephone system and the practice manager had taken action to review the systems available and have a new one installed. We were also told about their involvement with the influenza vaccination sessions which were held on Saturday mornings. The group said they took responsibility to help direct the patients into the treatment rooms. The group told us the surgery had changed to a "can do" culture because of the practice manager and the willingness of the whole team to make changes and to improve patient care.

The surgery covered an ethnically diverse area and had access to translation services. We were told patients could express a choice about the gender of the GP they consulted. We saw that the entrance to the surgery was accessible but could present a challenge for wheelchair users. However within the surgery there were good access routes for people with physical disabilities or mobility issues, and a passenger lift to the first floor. There was an adapted toilet at the surgery for people with physical disabilities.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The surgery was located in the seaside town of Weston super Mare and served approximately 9200 patients. The main service was to patients with chronic diseases including asthma, diabetes, and heart disease. The surgery also provided child immunisation, flu vaccines, pneumococcal immunisation and general services including phlebotomy (the process of taking blood). Maternity services were provided by the GPs and visiting midwives. The surgery also provided travel immunisation, family planning and minor surgical procedures.

The surgery had four GPs who were partners and three salaried GPs; the surgery was currently recruiting two more GPs. There were two practice nurses, one nurse practitioner and two healthcare assistants and a phlebotomist. There were additional reception, administration and management staff including the practice manager. The surgery was open 8am to 6.30pm with a GP in attendance during these times.

Patients were provided with written information on how to access the surgery both during the day and out of hours, including what to do in certain medical emergencies. Patients told us they could only telephone the surgery to arrange an appointment. This was reflected in some of the patient's comments. We heard from one patient "it is difficult to get through at busy times, but if you leave it all the appointments are gone" and "I used to be able to book my appointment on line which I found a lot easier." The patient survey from October 2012 showed that sometimes patients found it hard to get through on the telephone to make an appointment. For example, we read comments such as "it is almost always difficult to contact the surgery to make an appointment."

We talked with the practice manager about these issues. We were told about the new telephone system that directed patients to the most appropriate member of staff to deal with their enquiry. They also told us that the online appointment booking system would be reintroduced when their computer system upgrade had been completed. We also saw that there were four medical administrators available to take calls from patients. The practice manager also told us they had introduced a minor illnesses clinic run by the nurse practitioner. Patients were made aware of this service when requesting an appointment and this allowed the surgery to allocate appointments and direct their resources more appropriately. This demonstrated that the surgery was responsive and made changes to

improve the patient experience and access to the surgery.

We saw the surgery used a computerised system for patient records. The system allowed for patient records to be tagged to alert staff to any specialist condition or treatment. All patient records were on the computer system with a facility for any paper documents, which were received by the surgery, to be scanned onto the patient record. We looked at a blank computerised medical record used for training purposes and briefly at sections of patient records. We saw that these contained areas for recording assessments, past medical history, medications, personal and social factors and diversity. We saw there were systems to alert other surgery staff of information of importance; for example allergies and other important medical information. Records we saw were easy to use and understand. This meant that all of the patients' records were available to clinical staff during consultations on which to base clinical decisions.

Patients told us that any referrals to specialist care were made promptly. We saw systems were in place to make sure referral letters were written and sent promptly and saw audits were in place to monitor this. The medical administrator also explained to us the process for ensuring that results and letters from specialist consultations were triaged according to urgency and brought to the attention of the clinical staff.

Emergency equipment, including oxygen, a defibrillator and emergency medicines were available and had been well maintained. We saw that staff had received training and updates for basic life support. This demonstrated that the surgery had suitable arrangements in place to be able to respond to patient emergencies.

The surgery had a contingency plan in place to deal with emergencies. For example the plan included information on how to manage loss of computer systems, telephone systems, failure of services such as gas and electricity and what to do if any staff were incapacitated. This meant that there were no risks to patient care should this type of emergency occur.

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

Our judgement

The provider was meeting this standard.

People who use 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

The surgery had a lead GP for the safeguarding of children and vulnerable adults. We talked with staff about identifying and preventing abuse. They had a good understanding of the different types of abuse and described correctly the procedure to be followed if they suspected or witnessed any abuse. We were told that they would speak with the practice manager of GPs if they had any concerns.

Staff who spoke with us had received safeguarding training for children and vulnerable adults. The practice manager was able to confirm training had been provided. During our inspection a patient made a disclosure to us. This was referred to the practice manager who we observed to take appropriate action to report the concerns. This meant staff were able to identify the possibility of abuse occurring and understood their role in reporting concerns.

We were told about the processes in place at the surgery to ensure any signs of abuse of children they may see were reported appropriately. For example, they told us the surgery was informed if children were admitted to Accident and Emergency Departments or if they did not attend hospital appointments. We were told that should this happen enquiries would be made to ask about the reasons for non-attendance and to provide an opportunity to check on the welfare of the child. They also used the records system to ensure appropriate alerts were in place should vulnerable patients attend for a consultation.

We were told that any information from other agencies relating to safeguarding issues was treated as a priority for inclusion and scanning on to the patient's record. This meant that current information would be available to clinicians.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we met at the surgery said they thought staff were well trained and supported. One person said "the staff are very knowledgeable about what I need." Another person said "I feel listened to and am confident when they tell me about my treatment; they know what they are talking about."

Staff we spoke with said they were supported with formal and informal support from their line managers and team colleagues. The practice manager oversaw that the clinical staff maintained their professional registrations and told us that they periodically checked professional registrations. The GPs were appraised and supported through the General Medical Council's (GMC's) Revalidation of Doctors programme which required GPs to demonstrate on a regular basis that they were up to date and fit to practice. The nurses were required to be registered with the Nursing and Midwifery Council (NMC). To maintain registration they were also required to demonstrate they had current skills and knowledge equipping them to be fit to practice.

Other staff were appraised annually by their line manager against their job description. Staff we spoke with said they found the process positive and gave them the opportunity to reflect on their work and where they wished to develop. We were told by staff that they were supported with external training. We heard "there are good opportunities for staff here to develop and progress their skills."

Staff told us they had attended mandatory training such as basic life support and safeguarding vulnerable children and adults. We saw records which confirmed staff had received training in emergency procedures, such as delivery of cardiopulmonary resuscitation (CPR) and this was refreshed each year. This included use of the automated external defibrillator and other emergency equipment held by the surgery.

We also saw in the records that staff had completed a variety of formal and informal training such as updates for diabetic care. We heard that information was cascaded through the practice. We saw the notice boards in the administrative areas provided staff with information about the current aims and objectives for the practice; notices of forthcoming changes and improvements and opportunities for training.

The surgery had staff meetings regularly appropriate to the work group. We were given minutes of meetings and read that various topics were discussed such as the appointment system. Staff told us they were able to discuss anything with the GPs or practice manager at any time. Staff said they felt well supported and able to be open about any concerns they had. One member of staff commented "the practice manager has a strategic overview as well as being able to listen to all the staff and implement changes." We also heard how the practice had prepared to meet the specific needs of new patients from a practice that was closing. This entailed having additional contact with other support agencies and attending training. This demonstrated that the provider had suitable arrangements in place to ensure patients were cared for by staff who had the required knowledge and skills.

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 people receive.

Reasons for our judgement

We spoke with patients about how able they felt to give feedback or make a complaint about the surgery. One patient said "I completed a survey last year but I know I can speak with my doctor if I need to." Whilst another told us "I was able to speak directly with the practice manager." We saw there was information available in the reception area and on the website about how patients could make a complaint. We read the complaints received by the surgery which had been responded to and addressed following the surgery's procedures. No concerns had been raised with us prior to our visit to the surgery.

The surgery was very well organised and well led, with systems in place to continuously monitor the effectiveness of the service provided. For example the practice manager had ensured that the telephone system had been replaced and the computer system upgraded to be fit for purpose.

We saw that a system was in place to formally review and learn from complaints and significant events. For example, significant events such as unexpected deaths or poor practices that had an impact on the patients were discussed at the clinical meetings. We read that there were clear action points identified to improve practice. This showed how the surgery learnt and developed their service.

A patient survey had also been conducted in October 2012. The results of the survey were available on the surgery website for members of the public to see. The report also clearly documented the responses by the surgery to issues raised by the patients. For example, we saw patients and the Patient Participation Group had requested improvements in information and we saw the practice leaflets have all been updated and the website revamped. The reintroduction of the surgery newsletter was also under consideration. This demonstrated the surgery asked for feedback and acted on what patients requested.

The surgery participated in the annual national Quality and Outcomes Framework (QOF). This was a national programme for GP surgeries intended to improve patient care. The surgery had to achieve targets called indicators in four main sections, called domains. These included clinical care, organisational, patient experience and additional services. The clinical care domain looked at areas such as coronary heart disease; high blood

pressure and heart failure to make sure the surgery staff were caring for these patients adequately. We saw records to show that the surgery staff was meeting national targets for the management of these diseases.

We were shown how the surgery used the QOF to monitor and review the services at the surgery. We were told that a senior medical administrator monitored the QOF and issued reports to various staff members to highlight areas which were achieved or those that required additional attention. This demonstrated that there was continuity in the treatment and support to patients.

The surgery also had separate systems and carried out checks to ensure the service was effective and safe. For example regular reviews of prescribed medicines had been undertaken so that patients benefitted from the latest advice and good practice recommendations. We were given information about a clinical audit undertaken by one of the GPs to ensure patients were receiving treatment according the latest guidance.

The practice manager showed us a recent audit relating to attendance at the practice over a period of time. The results were used to identify people who attended on a frequent basis (more than five times in a 34 week period) and to investigate if any other interventions could be used to appropriately support the patients. This meant the practice continually monitored the services provided to patients to ensure they received appropriate and effective care.

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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