

West Somerset Healthcare

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Somerset Healthcare on 14 April 2016. We visited Williton Surgery, Williton TA4 4QE and the branch surgery: Watchet surgery, Watchet TA23 0AG. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed. However in some areas the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- 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.

- The practice provided effective care and treatment to patients living with dementia.
- 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.
- The practice had an acute care team which allowed patients to access urgent care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- The practice must follow the guidance on the Control of Substances Hazardous to Health Regulations (2002) and ensure safety data sheets for are available in the practice.
- The practice must follow the Electricity at Work Regulations (1989) with regards to electrical system maintenance.
- The practice must review fire safety in line with Health Technical Memorandum 05-01.
- The practice must review emergency system checks including emergency lighting and fire alarms.
- Systems must be in place for the effective prevention and management of infection on equipment used for diagnosis and treatment.
- All staff must receive safeguarding adults training in a timely manner and in line with Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016).
- Patient records must be stored securely in line with national policy.
- The practice must review and risk assess the stock of emergency medicines with regards to the use of atropine for the treatment of bradycardia, as a possible complication of intrauterine device insertion.

The areas where the provider should make improvement are:

- Effective systems should be in place to record and review fridge temperature readings in a manner that will identify if vaccines had been stored safely.
- A system to record minutes from vulnerable adult meetings to allow for a single documentation which explained any actions which had been taken to improve quality of care and safety for this group of patients.
- Consent forms for patients who undergo insertion of intrauterine (contraceptive) devices should inform patients fully of the risks associated with the procedure including the potential risk to them if the practice does not stock the recommended emergency medicine.
- Effective systems should be in place to safely store and monitor the security of blank prescriptions as per practice policy.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found failings with the implementation of fire safety precautions, safeguarding adults at risk of or suffering from abuse, prescription and patient record security, control of substances harmful to health and emergency management of possible significant adverse events from intrauterine device insertion.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (January 2016) showed patients rated the practice in line with local and national averages for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its 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 had recently commenced a pilot (extended care project) to provide improved care which is tailored and personalised for patients with frailty and complex needs to receive integrated care.
- The practice provided an acute care team for patients who needed to be seen on the day. This meant the practice maximised staffing resource to manage urgent care needs. However some patients told us on the day and on completed CQC comment cards they had a long wait for routine appointments.
- 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 to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However the practice had not monitored the implementation of all health and safety systems which kept patients safe.

Summary of findings

- 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
- 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.

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.
- Performance data for diabetes related indicators was similar to national averages.
- 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 accident and emergency attendances. Immunisation rates were relatively high compared to the local clinical commissioning group averages for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Patients aged 16 received a letter from the practice offering support and the practice was engaged with the 'Its ok 2BU' agenda. The practice had an open access agreement with other

Good



Summary of findings

local practices which enabled younger patients to visit any GP practice for advice and support. These services led to the practice being awarded a teenage friendly surgery accreditation.

- The practice had a families and a young person's information board.

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 offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a health promotion and screening that reflects the needs for this age group.

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 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. However we saw staff were not up to date with safeguarding adults training.
- The practice held regular vulnerable adult and child protection meetings. Vulnerable adult meetings minutes did not follow the same procedures for minutes as occurred during child protection meetings. This meant staff could not make reference to any single documentation which explained any actions which had been taken to improve quality of care and safety for this group of patients.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health and dementia outcomes were similar to national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, the practice had trained and provided equipment to the community healthcare team to enable them to undertake health screening and reduce patient needs to attend the practice.
- The practice carried out advance care planning for patients with living with dementia. We saw patient centred personalised intervention plans which respected patient wishes.
- The practice had appointed a dementia lead who undertook twice weekly ward rounds at care and nursing homes where the majority of patients living with dementia resided to meet patient's healthcare needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results (published January 2016) showed the practice was performing in line with local and national averages. Survey forms were distributed to 238 patients and 137 were returned. This represented approximately 1.5% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% 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 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

The NHS Friends and Family Test from October 2015 to March 2016, where patients are asked if they would recommend the practice, showed on average 75% of respondents would recommend the practice to their family and friends. The national average is 79%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 10 comment cards of which seven were positive about the standard of

care received. Four patients told us they experienced difficulties with appointments. One patient told us they were rushed during consultations and asked to leave after 10 minutes. Patients told us they generally received a good level of care and staff were caring.

Following our inspection we received 15 CQC comment cards from Watchet surgery. (The practice had not received comment cards for the branch surgery prior to our inspection). All 15 cards received were positive about the standard of care received. Three patients told us they experienced a long wait for appointments.

We spoke with four patients during the inspection. Two patients said their privacy and dignity was respected. Patients told us appointments did not usually run on time and they had a long wait for a routine appointments with a GP.

We looked at the NHS Choices website to look at comments made by patients about the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We saw there was four reviews since October 2015 of which three were positive. One patient voiced concerns about the wait for a routine appointment. Two patients awarded the top rating for the care and treatment they received.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- The practice must follow the guidance on the Control of Substances Hazardous to Health Regulations (2002) and ensure safety data sheets for are available in the practice.
- The practice must follow the Electricity at Work Regulations (1989) with regards to electrical system maintenance.
- The practice must review fire safety in line with Health Technical Memorandum 05-01.
- The practice must review emergency system checks including emergency lighting and fire alarms.
- Systems must be in place for the effective prevention and management of infection on equipment used for diagnosis and treatment.
- All staff must receive safeguarding adults training in a timely manner and in line with Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016).
- Prescriptions and patient records must be stored securely in line with national policy.

Summary of findings

- The practice must review and risk assess the stock of emergency medicines with regards to the use of atropine for the treatment of bradycardia, as a possible complication of intrauterine device insertion.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Effective systems should be in place to record and review fridge temperature readings in a manner that will identify if vaccines had been stored safely.
- A system to record minutes from vulnerable adult meetings to allow for a single documentation which explained any actions which had been taken to improve quality of care and safety for this group of patients.
- Consent forms for patients who undergo insertion of intrauterine (contraceptive) devices should inform patients fully of the risks associated with the procedure including the potential risk to them if the practice does not stock the recommended emergency medicine.

West Somerset Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to West Somerset Healthcare

West Somerset Healthcare is located in West Somerset in the county of Somerset and provides primary medical services for approximately 10,000 patients within the villages of Williton and Watchet and surrounding rural area of 140 square miles. The main practice is known as Williton Surgery, Robert Street, Williton TA4 4QE. A purpose built building (built in the 1970s) with an accessible car park and an independent pharmacy on the site. Approximately 65% of patients are seen at this location.

Two miles north is Watchet, a harbour village where the branch surgery is located. This is known locally as Watchet surgery, 55 Swain Street, Watchet TA23 0AG. The branch surgery is located in a converted factory. Both villages are roughly equidistant between Minehead, Bridgwater and Taunton lying between the Quantock Hills and the Brendon Hills, close to Exmoor.

During our inspection we visited the main surgery at Williton and the branch surgery at Watchet.

West Somerset has a higher than average ageing population with the longest living population in Europe with over 40% of pensionable age (Office National statistics 2010). This is reflected in the practice demographics with a

much higher than average population over 65 years of age. The practice has a much lower than average population under 39 years of age. The practice has a high level of deprivation with a score of 26.8 which is higher than the England average of 21.8 and the Somerset average of 18.

The practice has a Primary Medical Services contract (PMS) with NHS England to deliver primary medical services. The practice provides enhanced services which include facilitating timely diagnosis and support for patients with dementia; childhood immunisations; learning disabilities; minor surgery and enhanced hours patient access.

The practice team includes four GP partners (male and female) one management partner and one salaried GP. The practice has two fulltime GP vacancies. In addition the practice team comprises of two female advanced nurse practitioners, nine practice nurses, two health care assistants, a practice manager, a reception manager, and data admin team leader and part time administrative staff which include receptionists and secretaries and a practice administrator. Most of the staff work across this practice and the branch surgery.

The practice is open between 8am to 6.30pm Monday to Friday with extended hours on various evenings, dependant on patient need, until 7pm and on one Saturday per month. Appointments are bookable six weeks in advance. The national GP patient survey (January 2016) reported that patients were satisfied with making appointments. Patients reported they were slightly less than satisfied with the practice opening hours.

The practice is a training practice for trainee GPs. At the time of our visit there were no trainees.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 out of hours and an Out Of Hours GP service provided care and treatment.

Detailed findings

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 14 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and administrative team.
- Spoke with patients who used the service including the patient participation group.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed Care Quality Commission 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 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 (CQC) at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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. During our visit we attended the practice's monthly significant event meeting and observed a review of significant events, actions taken following investigation and lessons learnt.
- The practice actively reported incidents to other agencies and had signed up to the NHS England Sign up to Safety, a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence lessons were shared and action was taken to improve safety in the practice. For example, a safety alert was issued for blood glucose monitoring equipment. We saw patients were informed of the alert and offered alternative equipment. Actions taken by staff were recorded in patient records. We saw when an anaphylaxis kit went missing, an investigation took place and lessons were learnt to improve the safe storage of this equipment. (Anaphylaxis equipment is used by staff to treat any acute allergic reaction following administration of medicine).

Overview of safety systems and processes

The practice had some 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 were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received level three training on safeguarding children. Not all staff, including GPs and practice nurses, had received safeguarding adults training relevant to their role. We spoke to the practice and they advised training was booked for September 2016.
- A notice in the waiting room and practice leaflets 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. Each consultation and treatment room contained a cleaning schedule specific to that room. However we saw there was no oversight of the decontamination of medical equipment. For example, equipment such as nebulisers were shared between rooms during consultations. We saw no evidence there was a cleaning schedule in place for this equipment prior to the equipment being used in another room. This meant there was no system in place for the effective prevention of cross infection of patients from

Are services safe?

equipment used for diagnosis and treatment. Following our inspection we received confirmation from the practice that cleaning schedules had been introduced for each piece of equipment.

- We looked at the arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. 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 from a prescriber.
- During our visit we found three consultation rooms unlocked. This meant blank prescriptions were not stored securely or in line with practice policy. We spoke to the practice and they advised us the consulting rooms were usually locked. Following the inspection the practice advised us door locks were being changed to improve security. We saw the systems in place to monitor the use of blank prescription forms and pads were effective.
- We looked at the vaccine fridges and the cold chain storage. We saw some fridges did not have an independent device to measure temperature and the fridge at Watchet surgery was not checked daily. This meant there was not an effective system in place to record and review fridge temperature readings in a manner that identified that vaccines had been stored outside of recommended temperature ranges before they were administered to patients. We spoke to the practice. Following our inspection the practice advised us a new temperature monitoring device had been installed.
- We found patient records stored in an unlocked cupboard in an unlocked consulting room. This meant appropriate controls were not in place to keep

confidential information safe and to ensure confidential information can be accessed only by practice staff who were providing care for patients. We spoke to the practice. Following our inspection we received confirmation patient records had been moved to a safe storage room.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 area which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. During and following our inspection we requested a copy of the mains electrical system testing certificate. After the inspection, the practice evidenced that an electrical hard wiring test had been planned following our visit. This meant the practice had not followed the electricity at work regulations.
- The practice had an internal fire risk assessment procedure. We saw that in 2013 an external fire risk assessment had been carried out with recommendations for the fire system at Williton surgery to be upgraded. We saw the current risk assessment register had an action to upgrade this system by 2016. Following our inspection we were told that an external fire risk assessment had been undertaken.
- We saw evidence fire safety training had not taken place since 2014. Staff told us they did not carry out, or participate in, regular fire drills. We spoke to the practice and following our inspection they told us a fire drill would be planned with a fire training update in 2016. The practice did not have records for emergency lighting checks. We saw fire alarm testing was undertaken on an ad-hoc basis. This meant the practice was not following Health Technical Memorandum 05-01 with regards to managing healthcare fire safety.

Are services safe?

- The practice had a variety of good risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However at the time of our visit the required documentation under the control of substances hazardous to health for cleaning equipment was not available. We spoke to the practice who advised us the cleaning contractor had removed the documentation to update it.
- 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. However staff told us during an emergency they would shout for help. We spoke to the practice and they advised us this was the practice procedure. Both practices had a large patient waiting area and emergency medical equipment was

kept in consultation rooms. This meant during busy times or when staff were consulting with patients there was a risk that someone shouting for help may not be heard.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However the practice did not stock atropine, a medicine used for treating a slow heart rate, a potential side effect from the insertion of intrauterine devices (coil insertion). A risk assessment was not in place to support the decision. This meant the practice was not working under good practice guidelines from the Resuscitation Council UK and the Faculty of Sexual & Reproductive Healthcare. And patients would not be aware of the risks associated with this.
- A first aid kit and 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.
- One GP had responsibility for writing a synopsis of new NICE guidance for the local GP federation.
- The practice monitored these guidelines and ensured that they were followed through risk assessments, audits and random sample checks of patient records. For example, the practice undertook a monthly audit of patients who had sustained a bone fracture to identify patients at risk of osteoporosis.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar the national average. For example, the percentage of patients with diabetes whose last measured total cholesterol was that of a healthy adult was 83% compared to the national average of 81%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the national average of 88%.

- The percentage of patients living with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years and for all of these the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, medicine prescribing audits showed the practice was not an outlier for antibiotic prescribing.

Information about patients' outcomes was used to make improvements. For example, the GPs met monthly to discuss misdiagnosis of patient conditions, look at learning points and where necessary take action.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the health care assistant had undertaken a diploma in general practice; staff were trained for those reviewing patients with long-term conditions and the practice held monthly training afternoons.
- 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 acute care team met regularly with the lead GP to discuss patient conditions and treatments.
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included basic life support and information governance. Safeguarding adults and fire safety updates, although mandatory and contained within the training matrix, had not been updated for all staff. We saw evidence training had been booked for later in the year.

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. For example, we saw care plans in place for vulnerable patients and the top 2% of patients at risk of a hospital admission.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example, the practice held monthly child protection, end of life care and avoiding emergency admission meetings.

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.
- The practice had a GP and nurse practitioner mental capacity lead.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse practitioner assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw practice nurses recorded consent in patient records.
- Consent forms for patients undertaking intrauterine (coil) implants did not record advice to patients that the practice did not hold atropine. This meant patients could not make an informed choice about the risks associated with the procedure including any significant possible adverse outcomes. (Atropine is a medicine used for treating a slow heart rate, a potential side effect from the insertion of intrauterine devices).

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.
- A health care assistant ran a weight loss clinic.
- Smoking cessation advice was available from a local support group.

The practice uptake for the cervical screening programme was 80% which was slightly above the clinical commissioning group (CCG) average of 76% and the national average of 77%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 80% to 97% compared to the CCG range from 82% to 95% and five year olds from 91% to 97% compared to 92% to 97% within the CCG.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients where required. NHS health checks for patients aged 40–74 were commissioned by the clinical commissioning group through another provider of healthcare. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice leaflet provided advice to patients on inexpensive medicines and useful first aid items to keep at home for managing common ailments and healthy living advice. We saw a comprehensive range of healthy living leaflets. For example, avoiding skin cancer and preventing childhood diseases through immunisation. In addition a health promotion patient information board was located in the patient area.

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 not provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. The practice had examination rooms for every two consultation rooms where patients could be seen if they requested privacy during examinations, investigations and treatments.
- We noted 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.

Most of the 10 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an good service and staff were helpful, caring and treated them with dignity and respect. The 15 CQC comment cards we received after the inspection were positive about the service experienced. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). They told us patients were satisfied with the care provided by the practice and patients said their dignity and privacy was respected.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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 were positive and aligned with these views.

We looked at personal intervention plans for patients living with dementia. We saw the plans allowed patients and carers to provide staff with guidance about preferred interventions so that their wishes were respected. For example, the patient's wishes about end of life care or an emergency hospital admissions.

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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and the national average of 90%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Staff told us translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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 available on the practice website.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 1.6% of patients as carers. The practice asked all new patients to identify if they were carers. One health care assistant had a carer's champion role. Practice nurses had written a leaflet to support carers and in addition written information was available in leaflets and on the practice carer's board to direct carers to the various avenues of support available to them.

Staff told us patients with a learning disability from a local residential home were invited into the practice as a group to provide extra support to each other and reduce anxieties.

The patient participation group (PPG) told us about a bereavement support group they had organised with a bereavement charity and patients who had experienced bereavement. Following this a leaflet was produced as a guide to what families need to do which is sent to all patients who suffered a bereavement. Staff told us 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.

The PPG told us about a support group for patients and their carers living with Parkinson's disease. The group was initially set up as a collaboration of the practice and PPG working together. The group went on to provide support for the West Somerset area.

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 had recently commenced a pilot (extended care project) to provide improved care which is tailored and personalised for patients with frailty and complex needs to receive integrated care and secure better outcomes for patients.

- The practice offered a 'Commuter's Clinic' on selected evenings (dependant on patient needs) until 7pm and one Saturday morning per month for working patients who could not attend during normal opening hours. These included practice nurse appointments for patients with long term conditions and family planning.
- Same day appointments were available for children and those patients with urgent medical problems. The practice provided an acute care team consisting of a GP, nurse practitioner, practice nurse and health care assistant, Monday to Friday between 8am to 12.30pm and 2pm to 5.15pm for patients who needed to be seen on the day. This meant the practice maximised its staffing resource to manage urgent care needs. In addition telephone consultations were available if required.
- A walk in blood test service was available Monday to Friday.
- There were longer appointments available for patients with a learning disability. Newly diagnosed diabetic patients received an hour long first appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. We saw on average the practice undertook eight home visits per GP and nurse practitioner per week.
- Almost all of the practice's 98 patients living with dementia lived in residential or nursing homes. The practice provided twice weekly ward rounds at the homes to meet patient's healthcare needs.

- Patients at risk of or who had experienced a stroke were able to attend specialist appointments with staff trained to manage health risks. They provided additional support with for blood pressure screening, diet and exercise advice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. For example, the practice was a designated yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a wide range of sexual and health services for young people within West Somerset. This included the 'It's ok 2BU' agenda. For the services provided to young people, the practice had been awarded a young people friendly status.
- The practice had a minor surgery treatment room at Watchet surgery.
- Patient leaflets advised patients how to self-manage common ailments with over the counter medicines.
- The practice had worked with the community mental health team to provide training and equipment so patients experiencing poor mental health could have health screening. This meant patients could have their needs met in one appointment.
- The practice hosted a fortnightly substance misuse service which was supported by the GPs.

Access to the service

Williton Surgery was open between 8am and 6.30pm Monday to Friday. Watchet Surgery was open between 8.30am and 12.30pm Monday to Friday. Extended hours appointments were offered on a number of weekday evenings and once monthly Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available through the acute care team between 8am to 12.30pm and 2pm to 5.15pm for patients that needed them.

Results from the national GP patient survey (January 2016) showed patient's satisfaction with how they could access care and treatment:

- 70% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 78% and national average of 75%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

Most patients told us on the day of the inspection they were able to get appointments when they needed them. Care Quality Commission comment cards showed that approximately 20% of patients told us they had difficulty getting routine appointments. We spoke to the practice who advised us of the difficulties they had experienced recruiting new GPs. They told us the practice was currently reviewing their service provision for patients with long term conditions, to help improve the efficiency of the service provided for ongoing routine care.

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. Reception staff had received advice on how to determine urgent need. The acute care team provided on the day urgent appointments and if necessary telephone triage for those cases requiring prioritisation.

In cases where the urgency of need was so great it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The 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.
- We saw information was available to help patients understand the complaints system. For example, a practice complaints leaflet was available in the practice and information on how to complain was on the practice website.
- The practice undertook a complaints audit in 2016 to look at themes and risk of complaints since April 2013.
- We saw the practice proactively replied to comments on NHS Choices providing an open and honest response.

We looked at the five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. There was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care.

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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. All staff had access to this plan.
- In addition the practice had a detailed operational plan with individual action plans in order for the partners to achieve the business plans.

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 comprehensive procedures in place and ensured:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice did not have all the systems, processes and practices in place to keep patients safe and safeguarded from abuse.

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 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 providers of services must follow when things go wrong with care and treatment). This included support 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 for knowing about when things went wrong with care and treatment.

When there were unexpected or unintended safety incidents:

- The practice gave affected people 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 and practice away days.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us the practice was very supportive with additional training and with support when returning to work after long absences.
- The practice identified lead roles in areas to support staff and to ensure high quality care. For example, the practice had lead roles for children and young people, dementia, older people, mental health and mental capacity.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Since the introduction of the acute care team, the PPG had gathered patient feedback on the service and addressed any action from the feedback. For example, the PPG organised an open forum for patients to speak with reception staff about the new service so they could ask questions and understand why reception staff were asking for additional information on patient symptoms.
- The practice provided a quarterly patient newsletter in addition to the PPG newsletter.
- The PPG told us they met with the practice bimonthly and worked with them to establish priorities for each year. For example, the PPG was writing a patient leaflet on treating minor illness and injuries to reduce unnecessary patient requests for appointments.
- The practice had gathered feedback from staff through staff away days and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The extended care pilot project to provide additional and integrated care to vulnerable and isolated patients.
- The introduction of an acute care team to manage patient needs for urgent care.
- The practice nurses had looked at cost effectiveness of different blood glucose monitoring devices changing devices to reduce prescribing costs.
- The practice manager worked with other practices such as the Somerset practice management group and West Somerset Federation looking at cost effective, high quality care provision and collaborative working.
- We saw examples of future planning in progress to improve services. For example, education sessions for younger new mothers, improved services for teenagers and the introduction of a chronic care team to reflect the acute care team provision.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Regulation 12(2)(f) The practice did not stock atropine, a medicine used for treating a slow heart rate, which is possible side effect of insertion of intrauterine devices (coil insertion). A risk assessment was not in place to support their decision.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: Regulation 13 (1) Not all staff, including GPs and practice nurses, had received safeguarding adults training.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: Regulation 15(1)(a) We did not find the required documentation under the control of substances hazardous to health for cleaning equipment. Regulation 15(1)d 15(1)e

This section is primarily information for the provider

Requirement notices

We found fire alarm testing was undertaken on an ad-hoc basis and emergency lighting was not properly checked by the practice.

We found staff had not had recent updates in regard to fire safety and had not undertaken fire evacuation practice.

The practice did not provide a mains electrical system testing certificate on request.

Regulation 15(2)

We found no system in place to ensure the effective prevention of cross-infection on equipment used for diagnosis and treatment when equipment was shared between staff during consultations.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Regulation 17(2)(c)

We found patient records stored in an unlocked cupboard in an unlocked consulting room.