

# Dr M J Bizon & Partners

## 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

Inadequate



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# 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 Dr M J Bizon & Partners (Highbridge Medical Centre) on 29 September 2015. Overall the practice is rated as inadequate.

We found the practice inadequate for providing responsive and well-led services. The practice requires improvement for safe, effective and caring services. We also found the services for the population groups inadequate to align with these ratings.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Patients did not always receive a verbal and written apology when things went wrong or they had a poor experience of care or treatment.

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and medical devices.
- Although some audits had been carried out, we saw no evidence that audits were driving quality improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Urgent telephone appointments were usually available on the day they were requested. However some patients told us that telephone access to the practice was difficult and that they sometimes had to wait a long time for non-urgent appointments.
- There was a clear leadership structure and staff felt supported by management. However there was not a clear vision to deliver high quality care and promote good outcomes for patients. The approach to service delivery and improvement was reactive and focused on short term issues.

# Summary of findings

- The practice had a number of policies and procedures to govern activity.
- The practice had an active patient participation group (PPG).
- The practice was unclear how feedback from the Friends and Family Test and national GP patient survey was used to improve services for patients.
- There was a lack of leadership capacity within the practice to make the required changes to improve patient outcomes and experience.

The areas where the provider should make improvements:

- The practice should update their knowledge and strengthen governance arrangements on the safe storage and use of controlled medicines in practice to minimise their risks and harms.
- Review the disaster recovery plan to include included emergency contact numbers for staff and main utility services contact details.
- Improve the availability of non-urgent appointments during core practice hours and review patient feedback around the difficulty of accessing the practice through the telephone system.

The areas where the provider must make improvements:

- The practice must make sure that the management of medicines and prescription security follow guidelines and are safe at all times.
- Review the process and procedures for patient complaints and significant events and ensure that patients affected receive reasonable support and a verbal and written apology.

- Review the recruitment policy /procedures and arrangements to include all necessary employment checks for all staff.
- Improve the system for checking of and calibration of medical equipment.
- Ensure there are adequate systems to assess, monitor and improve the quality improvement activity used to inform patient care. These must be aligned to national benchmarking.
- Operate effectively to assess, monitor and improve the quality and safety of the services
- Ensure adequate fire safety training for staff is in place so that fire prevention and emergency action plans can be put into practice. This must include a system in place to check emergency lighting.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration or vary the terms of their registration with the CQC.

Special measures will give people who use the practice the reassurance that the care they get should improve.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did not always receive a verbal or written apology.
- 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 recruitment and medicines management.
- We found unattended and unlocked consulting rooms with blank prescriptions in printers. This meant blank prescriptions were not kept secure at all times. The practice should update their knowledge and strengthen governance arrangements on the safe storage and use of controlled medicines in practice to minimise their risks and harms.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.
- Locally led clinical audits demonstrated quality improvement. For example, medicines management incentive scheme audits. We did not see evidence that measurable action plans and re-audits had taken place as recommended and that audit was driving improvement in performance to improve patient outcomes.

Requires improvement



# Summary of findings

## Are services caring?

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

- Patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with respect and maintained confidentiality.

Data showed that patients rated the practice lower than others for some aspects of care. The practice should review data and look at ways to improve patient outcomes.

Requires improvement



## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent telephone appointments were usually available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that complaints were thoroughly investigated and learning from complaints had been shared with staff or had led to improvements to the service.
- The national GP patient survey (July 2015) results were below the Clinical commissioning Group (CCG) and national averages.
- Information with regards to contacting the service during times of closure were not readily available. For example, the practice website does not advise patients how to seek care during 12pm until 1pm.

Inadequate



## Are services well-led?

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

- The practice vision and a strategy was not well developed.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The approach to service delivery and accessibility for patients was reactive and focused on short term issues due to long term recruitment difficulties.

Inadequate



# Summary of findings

- There is a limited approach to obtaining views of patients who use the service. For example, the practice sought feedback from patients through national surveys.
- The practice had an active patient participation group (PPG).

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

- Home visits and urgent appointments were available for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than national averages.

Inadequate



### People with long term conditions

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

- Longer appointments were available when needed and nurses provided home visits to ensure housebound patients received the same quality of care.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Inadequate



# Summary of findings

## **Working age people (including those recently retired and students)**

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

- Although the practice offered extended opening hours for appointments some patients reported difficulties using the triage system and told us that call backs during working hours were unhelpful.
- The practice was proactive in offering online services.
- We saw that 66% eligible of patients had received a health check.

**Inadequate**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability.
- The practice offered longer appointments and home visits for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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.

**Inadequate**



## **People experiencing poor mental health (including people with dementia)**

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

- We saw that none

**Inadequate**



# Summary of findings

- We saw that 60% of patients experiencing poor mental health had received a cervical screening test in the preceding 5 years.
- The practice worked with a social enterprise to provide specialist services for patients affected by substance misuse within the practice in the case management of patients experiencing poor mental health.
- Advance care planning had been provided for 12.5% of patients on the practice register who were living with dementia.
- All staff had undertaken Mental Capacity Act training but no dementia training had been made available.
- The practice told us they had poor attendance from patients living with poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing below local and national averages. The response rate was 40.8% (267 survey forms were distributed and 109 were returned).

- 36.8% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 78.6% and a national average of 73.3%.
- 63.3% of patients found the receptionists at this surgery helpful (CCG average 89%, national average 86.8%).
- 76.8% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.8%, national average 85.2%).
- 81.2% of patients said the last appointment they got was convenient (CCG average 93.7%, national average 91.8%).
- 50.3% of patients described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).
- 68.2% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 70.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards of which nine were positive about the standard of care received. We saw a

theme within the comment cards around appointment availability with seven patients providing feedback on the difficulty of getting appointments and two patients commenting on the GP call back system being difficult when people were working. Patients also told us they felt the service was under pressure, staff were stressed and overworked.

We spoke with eight patients during the inspection. All eight patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However five patients raised frustrations around the appointment system. They told us they often waited in a queue; would have to keep trying to get through to the practice and that there was not always on the day availability to speak to a nurse or doctor or obtain an appointment.

We looked on NHS Choices and saw 31 reviews from September 2013 to date of which four reviews were positive. We saw themes within the reviews around administration staff being unhelpful; lack of availability of appointments and doctor call back process.

The NHS Friends and Family Test where patients are asked if they would recommend the practice had not been completed from March 2015 through to July 2015. In February 2015, 58 patients responded with 86% stating that they would recommend the practice to their family and friends and in August 2015 92 patients responded with 88% stating that they would recommend the practice.

## Areas for improvement

### Action the service MUST take to improve

- The practice should make sure that the management of medicines and prescription security follow guidelines and are safe at all times.
- Review the process and procedures for patient complaints and significant events and ensure that patients affected receive reasonable support and a verbal and written apology.
- Review the recruitment policy /procedures and arrangements to include all necessary employment checks for all staff.
- Improve the system for checking of and calibration of medical equipment.

# Summary of findings

- Ensure there are adequate systems to assess, monitor and improve the quality improvement activity used to inform patient care. These should be aligned to national benchmarking.
- operated effectively to assess, monitor and improve the quality and safety of the services
- Ensure adequate fire safety training for staff is in place so that fire prevention and emergency action plans can be put into practice. This should include a system in place to check emergency lighting.

## Action the service **SHOULD** take to improve

- The practice should update their knowledge and strengthen governance arrangements on the safe storage and use of controlled medicines in practice to minimise their risks and harms.
- Review the disaster recovery plan to include included emergency contact numbers for staff and main utility services contact details.
- Improve the availability of non-urgent appointments during core practice hours and review patient feedback around the difficulty of accessing the practice through the telephone system.

# Dr M J Bizon & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Dr M J Bizon & Partners

Dr M J Bizon & Partners (Highbridge Medical Centre) is located in Highbridge, situated seven miles north of Bridgwater and 25 miles south of Bristol, on the edge of the Somerset Levels in the Sedgemoor district of the county of Somerset. The practice provides primary medical services to approximately 13,600 patients living in Highbridge and the surrounding area. This includes six care homes and three homes for patients with a learning disability.

Data from Public Health England show that the practice had a higher than average population of patients over 60, 23.9%, in comparison with the Clinical Commissioning Group (CCG) average of 19.7% and a national average of 16.7%. The population of Highbridge as a whole is older than the national average. The practice was situated in an area with a deprivation score of 20.4% compared to the CCG average of 16.8% and the national average of 23.6%. Recently there has been a rapid expansion of houses including social housing in the town centre.

The practice is located in a purpose built surgery built in 1993. Three GP practices were provided with the purpose built surgery on a condition that they amalgamated to

provide primary care services. The practice has a spacious waiting area with the ground floor and the consulting rooms accessible to patients. The first floor provides administrative rooms. Within the building is a pharmacy.

The practice team includes four GP partners (two male and two female); two salaried GPs (male and female) which provides the practice with 38 sessions. In addition there were two nurse practitioners; four practice nurses; two health care assistants; a phlebotomist; a practice manager; a reception manager; reception and administrative staff. One GP was on a sabbatical and was being covered by a long term locum GP. A senior partner had reduced their hours; the practice was experiencing difficulty recruiting a new GP and another partner was nearing retirement. At the time of our inspection a new practice manager had been in post for one month following a seven month period without a practice manager.

The locality health visitors and midwives service is based within the practice. An osteopath and a physiotherapist provided private appointments within the practice.

The practice is a training practice for medical students and GP trainees. At the time of our inspection one GP trainee was being supported by the practice.

The practice had a Primary Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provided enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients diagnosed with dementia and minor surgery.

The practice is open on Mondays from 8:30am to 12:30pm and 2pm to 6pm. From Tuesday to Friday opening hours are 8:30am to 1pm and 2pm to 6pm. Extended hours

# Detailed findings

surgeries are once a week where early morning appointments from 7:30am to 8am and late evening appointments until 7:30pm are available. Alternate Saturday morning appointments are available.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access Somerset Urgent Care doctors which provides an NHS111 service and an Out Of Hours GP service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

In advance of the inspection we reviewed the information we held about the provider and asked other organisations to share what they knew.

We carried out an announced visit on 29 September 2015. During our visit we:

- Spoke with a range of staff. For example, GPs, nurses and administrative staff.
- Spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of two significant events that had occurred since January 2014. When we reviewed these in detail we did not see evidence of thorough analysis and investigation, measurable actions or learning from these events.

In addition we reviewed information about an additional event that the practice had not recorded using the significant event policy guidelines. We saw that this event regarded a patient who was seen as an urgent appointment and was advised to return to the practice in two weeks. The patient rang the practice three days later and was given an appointment the following day. The patient was admitted to hospital as an emergency two days later due to abnormal investigations. We saw that the medical records had good recording and we saw evidence of discussion between some GPs around the event. We spoke to other GPs who were not aware of this significant event.

A member of staff advised us that they had information of a significant event which they had not yet recorded. In the documents, in regard to the three events we reviewed, we saw no evidence that an apology had been given to patients or their families. Significant events were a standing item on the practice management meeting agenda. Staff we spoke to understood what constituted a significant event and felt able to raise significant events within the practice.

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. National patient safety alerts were cascaded to clinical staff by email. One member of staff took the lead in reviewing alerts to ensure patients were not affected.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding Children level three.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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 and had a comprehensive cleaning process in place for each room. We observed the premises to be clean and tidy. A nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five personnel files and found gaps in we saw that employee identification had not been sought for some staff; for others, two references had not been obtained. Appropriate checks to confirm GPs were registered with the appropriate professional body or are suitably qualified to practise in the NHS and a full employment history, for example, a CV was not available for some staff. We also saw that in the practice recruitment policy did not reflect legislation and did not set out appropriate recruitment checks that should occur.
- We saw that checks for registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- 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 reception office. The practice had up to date fire risk assessments and had carried out two fire drills in the last year. Staff had received formal fire training in 2011. The practice were unable to provide evidence that they had carried out emergency lighting checks.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Electrical equipment had been tested in 2015 to ensure the equipment was safe to use.
- There were ineffective audit or monitoring processes as we found clinical equipment that was being used regularly, for example blood pressure machines that had not received maintenance checks (for one to two years) to ensure that they were working effectively. We found equipment, for example, disposable gloves which were out of date.
- 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 that enough staff were on duty and administrative staff have been trained on different job roles so that they could provide cover.

### Medicines management

We checked medicines stored in the treatment rooms and those used for responding to a medical emergency. We found the medicines were at risk from being tampered with or removed by an unauthorised person as they were kept in unlocked cupboards and the rooms were unlocked. We spoke to the practice about our concern and they provided a risk assessment after the inspection and confirmed that the medicines were now kept securely.

We checked medicines stored in medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed refrigerator temperature checks were carried out which ensured medicines were stored at the appropriate temperature.

We saw that a processes was in place to check medicines were within their expiry date and suitable for use. We found that some medicines were out of date. For example, eye drops used as a diagnostic tool for eye complaints. Expired and unwanted medicines were not disposed of in line with waste regulations and the practice written procedure.

The practice did not routinely hold stocks of controlled medicines. We found out of date schedule two controlled medicines (that require extra checks and special storage arrangements because of their potential for misuse) stored insecurely, not recorded into a controlled medicines register and without the appropriate medicines licence in place. We told the practice about our concern. After our inspection we were told by the practice that the medicines had been destroyed by a local pharmacist. Any destruction of a controlled medicine should follow NHS England's destruction guidelines and should include an authorised witness to observe the destruction. The practice had an outdated procedure for the control, management and disposal of controlled medicines (CD).

We found unattended and unlocked consulting rooms with blank prescriptions in printers. This meant blank prescriptions were not kept secure at all times and could be accessed by unauthorised people. We spoke to the practice and we received a risk assessment and confirmation after our visit that the practice agreed new protocols that doors would remain locked when the room was unattended.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. Some nurses were qualified as an independent prescriber and received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed. For example, nurse practitioners who saw patients for minor illnesses and the diabetic specialist practice nurse.

## Are services safe?

Medicines audits were carried out with the support of the local Clinical Commissioning Group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice used medicine management safety software to identify patients who have a high risk of hospital admission; patients at risk because of their medicines and patients overdue for blood screening.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a disaster recovery plan in place for major incidents such as power failure or building damage. We looked at the plan which did not include emergency contact numbers for staff or main utility services.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 told us they used this information to deliver care and treatment that met patients' needs.
- The practice was unable to demonstrate that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw that the nurses had a good understanding of guidelines relating to their roles and ensured updated guidance specific to the care they delivered, changed patient management.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review or where a medication cannot be prescribed due to a contraindication or side-effect). The most recent published results were 98.6% of the total number of points available, with 9.9% exception reporting. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% which was 20.9% above than the Clinical Commissioning Group (CCG) average and 10.8% above national average. The data showed a high exception rate between 17.4% and 23.2% for some areas. For example, patients who had a blood glucose recording that is above average; the percentage of patients who have had a flu vaccination and the percentage of patients referred to a structured education programme.

Evidence shows that monitoring patients with diabetes can reduce the risk of developing complications, such as nerve damage, eye disease, kidney disease and heart disease.

- The percentage of patients with hypertension having regular blood pressure tests was 82.4% which was better than the CCG average of 78.1% and national average of 81.2%.
- Performance for mental health related indicators (excluding depression) was 100% which was 28.9% above CCG average and 7.2% above national average. The data showed high exception reporting with 32% of women aged 25 to 65 years, with a mental health diagnosis not attending for a cervical screening test in the preceding 5 years. Patients on lithium medicines with a record of blood levels within the therapeutic range in the preceding 4 months had an exception report of 15.4%.
- The percentage of patients with a new diagnosis of dementia was 87.5% which was 23.3% above the CCG average and 6% above national average. Reporting showed that 11.1% of newly diagnosed patients had not received investigative blood tests in the six months before or after entering on to the practice dementia register. This result was 7.5 percentage points above the CCG average and 2.7 percentage points above the national average.

We looked at four audits from 2013 to 2015 which were local audits. We did not see evidence that measurable action plans and re-audits had taken place as recommended. We saw that medicines management incentive scheme audits demonstrated quality improvement. One GP told us that due to time constraints and vacancies they were unable to undertake additional audits.

Nurses told us that they undertook regular audits for cervical smears and that they had high results for good sample taking. We were told about an audit that a GP trainee had undertaken in 2014 of the reception area looking at patient triage by administration staff which was currently being re-audited.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups. For example, patients with

# Are services effective?

## (for example, treatment is effective)

a learning disability. Structured annual reviews were undertaken for patients with long term conditions such as diabetes and chronic obstructive airways disease (COPD).

Information about patients' outcomes was used to make improvements. For example patients were experiencing a three week wait to have a blood test. The practice changed the booking process so that one session offered a sit and wait service and another was pre-bookable one week before. The practice told us that waiting times had improved.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and support for the revalidation of GPs. Almost all staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. We saw that some training was out of date however an action plan was in place to ensure staff received appropriate training. For example, we saw that fire safety training has not been completed in a timely way with the previous annual training being in April 2014.

### 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. Information such as NHS patient information leaflets were also available.
- 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 services 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 are discharged from hospital. We were told that monthly meetings took place with the palliative care team and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

# Are services effective?

(for example, treatment is effective)

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.4% which was 0.6% below the Clinical Commissioning Group (CCG) average and 1.4% below the national average. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% (CCG average

from 94% to 97%) and five year olds from 92% to 98% (CCG average from 92% to 97%). Flu vaccination rates for the over 65s were 68.63% which was below the national average of 73.24% and at risk groups 59.84% which was above the national average of 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

The majority of the 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 75.4% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 70.6% of patients said the GP gave them enough time (CCG average 89.8%, national average 86.6%).
- 85.7% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 68.9% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9%, national average 85.1%).

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 90.4%).
- 89% of patients said the last nurse they saw was good at listening to them (CCG average 93.8%, national average 91%).
- 63.3% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 86.8%)

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 72.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.1% and national average of 86%.
- 69.7% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1%, national average 81.4%)

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them and a member of staff had been trained as a carers champion.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer them support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' once a week for one hour in the morning and one and a half hours in an evening. In addition an alternative Saturday morning surgery was offered for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients living with a learning disability.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities including a wheelchair, hearing loop and translation services available.
- The practice provided patients with additional services including talking therapies, a dietician and a foot care clinic which the practice subsidised for patients.
- The practice undertook minor surgery.
- A specialist nurse for diabetes had been recruited to provide care and treatment for patients with diabetes. The diabetic specialist practice nurse had trained community carers on diabetic management.
- The practice worked closely with a social enterprise, to provide specialist services for patients affected by substance misuse within the practice.
- The GPs meet daily for a clinical meeting.

One GP took the lead role for patients experiencing poor mental health. We spoke to the practice about care plans for this population group following concerns we had with QOF data for 2013/14. The practice were not able to provide information of how many patients who experienced poor mental health had a care plan in place and they also told us that no patients within this group had received a physical check-up.

### Access to the service

The practice was open between from 8:30am to 1pm and 2pm to 6pm Monday to Friday with an exception on Mondays where the practice closed from 12:30pm to 2pm.

During the time when the practice was closed patients were required to stay on hold for emergencies until a member of staff answered the phone. We saw that this could lead to a risk for patients needing to access urgent care. GP practices are required to provide essential services during core hours. This means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday excluding public holidays. We saw that the practice website did not direct patients on contacting the service when the practice is closed during the core hours. For example, before 8.30am and between 1pm and 2pm.

A duty GP and nurse practitioner were available daily. The nurse practitioner provided up to 60 consultations each day. The practice provided patients with 22 sessions per week with a GP. In addition a GP trainee provided between five and eight extra sessions. Extended hours surgeries were offered once a week from 7:30am to 8am and late evening appointments until 7:30pm and alternative Saturday mornings. In addition patients were able to phone daily if they required an urgent appointment.

The practice closed at 12:30pm one day per month. During this time a local GP practice provided cover for urgent illness. The Out Of Hours (OOH) GP service was available during the evenings and weekends when the practice was not open. Access to this service is through NHS 111.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. Some patients told us on the day that they had difficulty accessing when they needed them.

- 63.8% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 36.8% patients said they could get through easily to the surgery by phone (CCG average 78.6%, national average 73.3%).
- 50.3% patients described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).

In addition 68.2% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70.1% and national average 64.8%).

We looked at patient reviews on NHS Choices and a collection of patients comments from August and

# Are services responsive to people's needs?

(for example, to feedback?)

September 2015. We saw themes around patients experiencing problems with the phone system; making an appointment and the waiting time to be seen by clinical staff. Staff we spoke with told us about the difficulties providing a sufficient number of appointments due to difficulties recruiting GPs and booking locum GPs.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and written procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice had identified a designated responsible person to handle all complaints in the practice and one GP had overall accountability for the complaint process. However they did not have oversight of patient's verbal and written concerns.
- We saw that information was available to help patients understand the complaints system. For example, a patient leaflet and information on the practice website.
- The practice offered patients the opportunity to provide comments and feedback via the website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Prior to our visit we asked the practice to provide us with a summary of complaints received. We saw that 22 complaints had been made since January 2014. We saw that this data identified themes to patient complaints with staff communication and attitudes and practice management having the most complaints.

During our inspection we looked at the annual complaints return the practice was required to submit as part of their NHS contract. We saw that this contained a larger number of complaints than on the practice complaints record. We also saw that patient's verbal and written concerns about the care they received were not recorded in the complaints log and were stored and managed separately. This meant that the designated responsible person did not have oversight of these concerns. We reviewed these and saw that these concerns should be investigated under the practice's complaint policy. We told the practice about this. Following our inspection the practice confirmed that these concerns had been dealt with appropriately. They advised us that all complaints and concerns including concerns raised verbally were now recorded in one place.

We looked at a number of complaints received in the last six months and found they were dealt with in a timely way. We did not see evidence that lessons were learnt from complaints. Investigations of complaints and action taken as a result to improve the quality of care were not recorded. Staff were unsure if an annual complaints review took place.

We looked at the patient participation group survey (March 2015) and saw that the practice had worked with the PPG around patient feedback that they had difficulty accessing the practice by telephone. Additional staff were recruited to deal with access at peak times and a statistic board shows staff how many patients are waiting to get through.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

Prior to our inspection we asked the practice to provide a statement of purpose which included aims and objectives for the service. The aims and objectives of the practice was to 'provide primary health care to patients registered at Highbridge Medical Centre'.

During our inspection it was not clear that the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice mission statement was not displayed in the waiting areas. Staff told us this was under review. We did not see a copy of the mission statement.
- The practice did not have a robust strategy and supporting business plans which reflected the vision and values and which was regularly monitored.

### Governance arrangements

The practice had an overarching governance framework. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The majority of QOF indicators showed that the practice was performing in line with national standards.

The practice was aware that:

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements was required.
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions was required.

### Leadership, openness and transparency

The practice had been without a practice manager for a number of months. Staff had taken on additional roles during this period and told us they were supported by the

Clinical Commissioning Group (CCG) and practice managers from local practices. In addition a two year recruitment process had been in place to attract new GPs which had been unsuccessful. There was no succession plans in place for those GPs near to retirement and one GP had recently reduced their working hours. Another GP was on a sabbatical.

Not all team leaders had the experience, capacity and capability to run the practice and ensure high quality care. Due to difficulties with GP recruitment, the approach to service delivery and improvement was reactive and focused on short term issues. Staff told us that there was a high incidence of administrative staff sickness. Staff would provide cross cover in reception to ensure patient access was not affected.

The provider was aware of the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents or complaints:

- The practice did not routinely give affected patients reasonable support and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Named members of staff had lead roles and we saw that they showed clear leadership in these roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. In addition specialist respiratory and diabetic nurses had been recruited to provide care for patients with long term conditions. We saw positive leadership within the nursing team which focused on delivering safe, high quality care and promoted nurse empowerment to drive improvement.

We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They told us:

- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- They felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in

# Are services well-led?

Inadequate 

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

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.

- The practice held regular team meetings.
- The partners were visible in the practice and staff told us that they were approachable and always took the time to listen. The partners encouraged a culture of openness and honesty.

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

The practice sought patients' feedback through the patient participation group (PPG). The practice told us they encouraged and valued feedback from patients, the public and staff. We saw a limited approach to obtaining patients views. For example, in the waiting area patients were limited to providing feedback through the friends and family test (FFT); the practice website was difficult to navigate to find out how to complain or compliment the service.

We found the practice did not always respond and act on patient feedback. For example, the national patient survey

(July 2015) showed the practice had performed lower than Clinical Commissioning Group and national averages in some areas. We did not see evidence that the practice had responded to this feedback and put systems in place to address the concerns. The practice told us that they understood there were areas from this survey that needed addressing.

There was an active PPG of eight members which met on a regular basis, carried out patient surveys and feedback patient concerns or compliments to the practice management team. For example, patients requested better local access to foot care specialists. The practice has subsidised a foot care clinic which is held within the building. The PPG told us that ongoing improvements had been seen in the practice. For example, staff attitudes and staff communication.

The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they had felt supported by the GP partners during the time when a practice manager was not in post.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>Regulation 12(2)(b)</b></p> <p>Significant event analysis and incidents that affect the health; safety and welfare of patients were not thoroughly investigated. There was no evidence of actions to remedy the situation and prevent reoccurrence. Information from incidents were not shared with staff to promote learning.</p> <p><b>Regulation 12(2)(d)</b></p> <p>Staff had not had recent updates in regard to fire safety. Emergency lighting was not properly maintained or checked.</p> <p><b>Regulation 12(2)(e)</b></p> <p>Equipment used for diagnostics and screening procedures had not been calibrated and properly maintained.</p> <p><b>Regulation 12(2)(f)</b></p> <p>Medicines were not stored appropriately and safely. Staff were not following policies; procedures; guidance and current legislation for storage, administration and disposal of medicines</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <p><b>Regulation 16(2)</b></p>

This section is primarily information for the provider

# Requirement notices

Complaints had not been investigated under the practice policy. Complaints were not recorded in the complaints system. There was no evidence that complaints were monitored to identify themes and areas of risk that needed addressing.

## 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)(b)**

Staff were not following policies; procedures; guidance and current legislation for the storage of blank prescription papers.

**Regulation 17(2)( f)**

Systems had not been established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those services. Audits and governance systems were not effective.

## Regulated activity

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

## Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**How the regulation was not being met:**

**Regulation 19(2)**

Recruitment practices were not effective to ensure that persons providing the care, treatment and support to patients have the competencies, qualifications and skills to do so.