Crown Medical Centre

Quality Report

Crown Medical Centre
Crown Industrial Estate
Venture Way
Taunton
Somerset
TA2 8QY
Tel: 01823 282151
Website: www.crownmedicalcentre.co.uk/

Date of inspection visit: 17 December 2015
Date of publication: 28/01/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Medical Centre on 17 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally well managed and assessed, however, risks to patients in regard of the management of vaccinations were not sufficiently robust.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 area where the provider must make improvement is:

- Ensuring all Patient Group Directions and Patient Specific Directions are authorised and signed before vaccinations are provided to patients.

The areas where the provider should make improvement are:

Summary of findings

- Review recruitment processes to ensure checks such as vaccination status are evidenced clearly in staff records.
- Review contract arrangements with the cleaning contractor.
- Review how complaints are recorded to assist improved governance.
- Review governance arrangements and identify a lead person to ensure all checks, audits, complaints, significant events, policies and day to day management of the practice are carried out, reviewed and used to inform improvements in service quality and staff development.
- Review the clinical leadership of the nursing team, to provide support and guidance on clinical issues

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?

Requires improvement

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

- Risks to patients were assessed and generally well managed however, risks to patients in regard of the management of vaccinations were not sufficiently robust with key documents such as Patient Group Directions and Patient Specific Directions not authorised in the correct manner.
- There was a system in place for reporting and recording significant events
- Lessons were generally shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Care Quality Commission data pack showed patient outcomes were generally at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP patient survey showed patients rated the practice higher than others 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.
- We saw staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, providing integrated services to patients with three or more long term conditions.
- Patients said they generally found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- 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 courteously to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff stated they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings to share information with the staff team.
- There was a governance framework which supported the delivery of the strategy and good quality care; however, it was not formally outlined in a policy document. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice encouraged continuous learning and improvement at all levels and as a training practice supported registrar GPs in the final stages of their training.

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

Good

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.
- All older patients over the age of 75 years had a named GP, the reception team booked patients with the same GP even when presenting with an urgent problem.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Telephone consultations were offered to frail older patients who were unable to get to the practice to see to see their GP. Their usual GP was able to triage the call and decide the best way to support the patient.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that 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.
- The practice hosted a 'wellbeing worker' who worked with patients with long term conditions to identify the most effective ways of supporting them.
- The practice nurses carried out home visits for patients who were housebound with long term conditions, these visits were for checks on their conditions and included the administration of flu vaccinations.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates for the practice (80.49%) were comparable to the national average (81.83%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Families were registered with the same GP to aid continuity of patient care and increase awareness of wider family issues.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Through support, education and advice one of the nurses helped an isolated and withdrawn young patient lose a considerable amount of weight. Through the weight loss they had gained confidence, had become less withdrawn and had started to look for a job.
- The practices immunisation clinics had two trained nurses to ensure the process was safe (and as comfortable as possible) for patients. If patients did not attend immunisation appointments there was a system for chasing up these patients and alerting other professionals that they had not attended.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments were available for working age patients and students to enable them to discuss their condition with their GP. As a result of the conversation the GP would book a face to face appointment with the patient if required.

Summary of findings

- The nursing team had reviewed their working hours to identify ways to see patients earlier in the morning for blood tests, before patients went to work or school as well as during the lunchtime period.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held registers of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability where this was needed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told 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.
- Patients with learning disabilities were invited to the practice for an annual health check. Where patients had complex needs these checks were done at the patients home.

People experiencing poor mental health (including people with dementia)

Good

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

- Approximately 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and provided access to training for its staff to improve care planning.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 290 survey forms were distributed and 127 were returned. The return was equal to about 44% of those surveyed and about 1.4% of the whole practice population.

- 68.7% 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%.
- 88.6% of patients found the receptionists at this surgery helpful compared to a Clinical Commissioning Group (CCG) average of 89% and a national average of 86.8%.
- 90.1% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a Clinical Commissioning Group (CCG) average of 88.8% and a national average of 85.2%.
- 93.5% of patients said the last appointment they got was convenient compared to a Clinical Commissioning Group (CCG) average of 93.7% and a national average of 91.8%.
- 79.2% of patients described their experience of making an appointment as good compared to a Clinical Commissioning Group (CCG) average of 79.2% and a national average of 73.3%.
- 56.4% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a Clinical Commissioning Group (CCG) average of 70.1% and a national average of 64.8%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 22 comment cards of which the majority were positive about the standard of care received. Comments included, staff being caring and polite, professional, friendly and supportive. Patients wrote about the staff always responding within expected timeframes and about being able to get appointments fairly quickly when needed. Additionally they stated the practice was always clean and tidy.

We spoke with nine patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed, professional and caring and their privacy and dignity was respected.

Areas for improvement

Action the service MUST take to improve

The area where the provider must make improvement is:

- Ensuring all Patient Group Directions and Patient Specific Directions are authorised and signed before vaccinations are provided to patients.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review recruitment processes to ensure checks such as vaccination status are made and recorded before the person is employed.
- Review contract arrangements with the cleaning contractor.
- Review how complaints are recorded to assist improved governance.
- Review the security of the “soft concerns” spreadsheet.
- Review governance arrangements and identify a lead person to ensure all checks, audits, complaints, significant events, policies and day to day management of the practice are carried out, reviewed and used to inform improvements in service quality and staff development.
- Review the clinical leadership of the nursing team, to provide support and guidance on clinical issues

Crown Medical Centre

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, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Crown Medical Centre

Crown Medical Centre is located close to the centre of Taunton. The practice serves a local and rural population of approximately 9400 patients from Taunton and the surrounding villages. The practice was purpose built in 2002, has parking on site including spaces for patients with a disability. The practice has a number of rooms which it makes available to other services, these include; a dietician, a counsellor, a physiotherapist as well as a chiropractor. The Somerset Local Medical Council is located on the premises as well as a pharmacy.

Crown Medical Centre has eight GPs, seven of whom are partners. Between them they provide 40 GP sessions each week and are equivalent to five whole time employees. Six GPs are female and two are male. There are three practice nurses including two non-medical prescribers whose working hours are equivalent to 2.37 whole time employees (WTE). A health care assistant and phlebotomist are also employed by the practice with combined hours of 1.36 WTE. The GPs and nurses are supported by 11 management and administrative staff including a practice manager and operations assistant.

The practices patient population is expanding and has slightly more patients between the age of 40 and 64 years than the national average. Approximately 2.3% of the patients are over the age of 85 years compared to a national average of 2.2%. Approximately 53% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for GP and nurse appointments. These figures indicate there may well be competing demands for GP appointments however patient satisfaction scores are high with over 92.9% of patients describing their overall experience at the practice as good.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is the same as the national average of 79 and 83 years respectively and one year less than the Clinical Commissioning Group average.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are available from 8:30am and emergency telephone access is available from 8am and 8:30am. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. GP appointments are 15 minutes each in length and appointment sessions are typically 8:30am – 11:30am and 3pm - 6pm. Each consultation session has 12 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes

enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching practice and had a registrar GP placed with them at the time of our inspection. Two of the GPs are GP appraisers (Appraisals for GPs are a professional process of constructive dialogue, in which the GP being appraised has a formal structured opportunity to reflect on his or her work and to consider how his or her effectiveness might be improved').

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Somerset Doctors Urgent Care (SDUC), patients are directed to this service by the practice outside of normal practice hours.

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

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 17 December 2015.

During our visit we:

- Spoke with a range of staff including GPs, nurses, reception and administrative staff and spoke with patients who used the service and members of the practices patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed anonymised samples 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 patients 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 Somerset Practices Quality Scheme or Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a 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 practice carried out an analysis of the significant events and logged the actions and learning from the event findings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We noted national patient safety alerts had not been received for a six month period due to a change in administrative email addresses. The practice noted this, had rectified the problem and had recently started to receive the notifications. We saw lessons were shared from incidents to make sure action was taken to improve safety in the practice. For example, the outcomes of significant events. One example of learning we saw was following a patient having an allergic reaction to medicines provided in the practice. The practice changed the layout of the emergency medicines to make them more easily accessible.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice generally had 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for safeguarding children.
- The practice had developed a spreadsheet for recording 'soft' concerns about potentially vulnerable patients and potential child protection concerns to enable patterns of issues to be recorded which might alert staff to more serious concerns. Examples of when soft concerns were recorded included, concerns about a new parent taking medicines for feeling "well" rather than for the prescribed reason of pain management. Another was concerns for younger patients with low levels of mental health problems who were not able to access the child and adolescent mental health services (CAMHS). We noted the spreadsheet colour coding lacked clear explanation. The practice responded positively when this was highlighted to them.
- The GPs and nurses provided the role of chaperones. Notices in the consulting and treatment rooms advised patients that chaperones were available if required. These signs were in nine different languages.
- The practice generally maintained appropriate standards of cleanliness and hygiene. We observed the premises appeared to be clean and tidy however, the contracted cleaners had not cleaned high surfaces such as cupboard tops. In the minor operations room this could result in unhygienic conditions. The practice manager arranged for the contract manager to bring about improvements to the cleaning processes. 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 that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions

Requires improvement

Are services safe?

(PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses and Health Care Assistants to administer medicines in line with legislation. These were all in date and current. However, we noted some PGDs had not been signed by the governance lead and the PSDs were signed retrospectively.

- 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. However a recently employed GPs recruitment file lacked accessible information about their vaccination status and training records.

Monitoring risks to patients

Risks to patients were assessed and generally 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments (October 2015) and carried out regular fire drills. A fire evacuation was last undertaken in March 2015. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. However, a periodic/five year electrical wiring safety check for the building had not been completed. 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, infection control and legionella (Legionella is a respiratory disease caused by Legionella bacteria which is found in water supplies).
- 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 to cover sickness and holiday absences. The rota provided to us matched the number of staff on duty and staff confirmed there were always sufficient staff on duty to meet patient needs.

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. Additionally all consulting and treatment rooms and the reception desk had panic buttons to alert staff to emergency situations.
- 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 a first aid kit and accident book available.
- 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 fit for use.
- 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 with copies held off site by the main partners.

Good

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 the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Updated guidelines and best practice were discussed at weekly GP meetings and were noted on the patient record system 'noticeboard' for staffs awareness.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Somerset Practices Quality Scheme (SPQS), some elements of 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).

- Performance for diabetes related indicators, 69.8% was below the Clinical Commissioning Group (CCG) average of 79.1% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests, 100% was above the Clinical Commissioning Group (CCG) average of 91.8% and national average of 98%.
- Performance for mental health related indicators, 73.1% was above the Clinical Commissioning Group (CCG) average of 71.1% and below the national average of 92.8%.
- The dementia diagnosis rate, 72.9% was above the Clinical Commissioning Group (CCG) average of 69.9% and below the national average of 84%.

Where these figures were below the national average the practice had not been part of gathering data for the Quality and Outcomes Framework (QOF) due to their participation in the Somerset Practices Quality Scheme. The partners were aware of the practices performance and were working on ways to improve outcomes for patients alongside the priorities of SPQS and the Taunton Symphony project).The Symphony project supports the wellbeing of patients with three or more long-term conditions and focuses on patient partnership to provide the best outcomes for the patients).

The practice had supported two of the nursing team to access training in diabetes in recognition of the increasing prevalence of the disease, and the need to more effectively support patients with this type of long term condition.

Patients with learning disabilities were invited to the practice for an annual health check. Where patients had complex needs these checks were done at the patients home.

Families were registered with the same GP to aid continuity of patient care and increase awareness of wider family issues.

The practice followed clinical commissioning group (CCG) guidance for cost effective medicines prescribing using the ECLIPSE alerting system. They received regular reports which indicated their prescribing progress as well as the cost saving benefits of following this guidance. Patients were kept informed about medicines changes and the need to review their effectiveness.

Clinical audits demonstrated quality improvement.

- The practice provided us with examples of six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included, extending GP appointments to 15 minutes; changing consent forms following the fitting of intrauterine contraceptive devices to encourage returning for checks after eight weeks, and more optimal prescribing of anti-psychotic medicines for patients diagnosed with dementia.

The GPs were aware of when to refer patients to other services based on timely diagnosis or when further diagnosis was required. For example, where a younger

Good

Are services effective?

(for example, treatment is effective)

patient complained of chest pains they felt further investigation was required to clarify the diagnosis. Tests and X-rays clarified the diagnosis. As a result the patient was then seen by a cardiologist and sent to the main local hospital for further investigations and treatment.

The nurses helped provide improved outcomes for patients. For example, over a period of about three years, through support, education and advice one of the nurses helped an isolated and withdrawn young patient lose a considerable amount of weight. Through the weight loss they had gained confidence, had become less withdrawn and had started to look for a job.

The nurses routinely carried out weekly checks for patients not attending their International Normalised Ratio (INR) testing (A test used to determine the clotting tendency of blood). They rang or sent a letter to the patient reminding them of the importance of the check and offered them another appointment.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. The induction 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 their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information confidentiality. The practice was in the process of considering an online learning provider to facilitate further learning opportunities for staff.
- The practice nurse team had received additional diploma training in diabetes, asthma and sexual health. Two of the team were non-clinical independent prescribers.

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 computer filing 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place Quarterly and that care plans were reviewed and updated at relevant periods or when patient situations changed.

Named GPs provided support to patients living in local residential and nursing homes as well as homes or units for patients diagnosed with a learning disability. A similar arrangement was in place for patients diagnosed with mental health problems.

The practices immunisation clinics had two trained nurses to ensure the process was safe for patients. If patients did not attend immunisation appointments there was a system for chasing up these patients and alerting other professionals such as health visitors that they had not attended. Immunisation rates were better than or equal to local clinical commissioning group averages.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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. We saw an example of where the practice sought advice about consent in support of a patient diagnosed with dementia. We saw the practice involved the Independent Mental Capacity advocate to assist with their decision making and an agreed course of action was identified.
- The process for seeking consent was monitored through checks to ensure they met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice held registers of patients who might be at risk of hospital admission or support. The registers included 51 patients diagnosed with a learning disability, 77 patients diagnosed with mental health problems, 81 patients living with dementia and 134 carers. The practice also identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition 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.

The practice had a 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 80.49%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.5%% to 100% and five year olds from 91.2% to 96.1%. Flu vaccination rates for the over 65s were 69.6%, and at risk groups 46.4%. These were slightly below national averages and may be the result of the pharmacy adjacent to the practice offering these vaccinations. The practice provided yellow fever vaccinations as part of their additional private services.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in treatment and consulting rooms to maintain patients' privacy and dignity 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.

The majority of the 22 patient Care Quality Commission (CQC) comment cards we received were positive about the services experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94.3% 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%.
- 91.4% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 89.8% and national average of 86.6%.
- 99.6% of patients said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group (CCG) average of 97% and national average of 95.2%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group (CCG) average of 88.9% and national average of 85.1%.
- 92.8% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group (CCG) average of 94% and national average of 90.4%.
- 88.6% of patients said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86.8%.

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 on the Care Quality Commission comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey 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:

- 95.3% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 86%.
- 88.2% of patients said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group (CCG) average of 86.1% and national average of 81.4%.

Staff told us translation services were available for patients who did not have English as a first language. We saw notices in the consulting rooms 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 number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 or 1.4% of the

Good

Are services caring?

practice list as carers. Written information was available to direct carers to the various avenues of support available to them. One of the practices reception staff was a carers champion and supported carers by providing information to them as well as maintaining an information board for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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. Services included hosting a 'wellbeing' worker to support patients diagnosed with three or more long term conditions as part of the local Taunton Symphony project (The Symphony project provides new integrated care models for patients with long term conditions). As part of an integration initiative with the voluntary sector the practice had teamed up with Age UK and had a representative attending the practice monthly to provide support and information to patients.

- Standard GP and nurse triage appointments were 15 minutes with longer appointments available for patients with a learning disability and those who required them.
- Home visits were available for older patients and other patients who would benefit from these.
- Prioritised same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a lift, patient wheelchairs and translation services available.
- The premises and services had been designed to meet the needs of patients with disabilities. The practice was accessible to patients with poor mobility with facilities for patients on the ground floor and disabled parking places adjacent to the entrance of the practice. The consulting rooms were accessible for patients with poor mobility, with wide entrances and uncluttered wide corridors making access easier for wheelchair users. There were accessible toilets and baby changing facilities. The large waiting area provided plenty of space for wheelchairs and pushchairs with a variety of seating available including higher chairs with arms to help patients with poor mobility.
- Telephone consultations were offered to frail older patients and other patients who were unable to get to the practice to see to see their GP. Their usual GP was able to triage the call and decide if the condition could be managed over the telephone or whether an appointment or home visit was required. These were then scheduled by the GP.
- All older patients over the age of 75 years had a named GP, the reception team were aware of these patients and endeavoured to book patients with the same GP, or their buddy GP, even if they were presenting with an urgent problem.
- The practice nurses carried out home visits for patients who were housebound with long term conditions, these visits were for patient with long term condition and included the administration of flu vaccinations.
- Telephone appointments were available for working age patients and students to enable them to discuss their condition with their GP. As a result of the conversation the GP would book a face to face appointment with the patient if required.
- The nursing team had recently reviewed their working hours to identify ways to see patients earlier in the morning for blood tests, before patients went to work or school as well as during the lunchtime period. They were planning to implement these services in the next few months.
- Patients wishing to discuss menopause concerns were provided with longer 20 minute appointments with the nurses.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were available from 8:30am. Emergency telephone access was available from 8am and 8:30am. The practice operated a mixed appointments system with some appointments available to pre-book and others available to book on the day. GP appointments were 15 minutes long and the nurses were ten minutes long; appointment sessions were typically between 8:30am – 11:30am and 3pm - 6pm. Each consultation session had 12 appointment slots. The practice offered online booking facilities for non-urgent appointments and an online repeat prescription service.

Results from the national GP patient survey showed patients were generally satisfied with how they could access care and treatment and figures were generally comparable to local and national averages. Patients told us on the day they were able to get appointments when they needed them.

- 84.1% 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%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 68.7% of patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group (CCG) average of 78.6% and national average of 73.3%.
- 79.2% of patients described their experience of making an appointment as good compared to the Clinical Commissioning Group (CCG) average of 79.2% and national average of 73.3%.
- 56.4% of patients said they usually waited 15 minutes or less after their appointment time compared to the Clinical Commissioning Group (CCG) average of 70.1% and national average of 64.8%.

Where patient satisfaction was below local averages the practice had reviewed access to the practice. Appointments with GPs had been extended to 15 minutes to help reduce waiting time/appointment over runs, a notice was put up to indicate if GP appointments were running late and online appointments were provided. The patients we spoke with told us they didn't often have to wait for their appointment and valued the time the GPs took to listen and consult with them.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person, the practice manager, who provided an oversight and management of all complaints in the practice. Initially complaints were handled by the reception supervisor or operations assistant before being passed to the practice manager to ensure complaints were managed in a timely way.
- We saw information was available to help patients understand the complaints system at the reception desk, in the practices brochure and on their website.

We looked at five complaints received in the last 12 months and found these were generally handled satisfactorily, dealt with in a timely way, with openness and transparency when dealing with the complaint. However, one complaint from 17 November 2015, whilst having been responded to verbally, had not been responded to in writing.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, ensuring time is set aside for GPs to check letters being sent to patients. However, recording the detail of complaints was not always clear making identifying trends or areas for staff training updates more time consuming. We noted where written complaints were received these were not summarised in the complaints report form. This made easy retrieval of information difficult and time consuming for busy GPs and nurses and made trend analysis harder.

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 on the practice website and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values which were monitored.

Governance arrangements

The practice had an approach which supported the delivery of the strategy and the care of patients. However, the practice did not have a written governance policy to support an overarching governance framework or clear pathway towards service quality improvement. However, the practice did have processes in place that supported 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, up to date and were available to all staff however policies such as those relating to governance and significant events required developing.
- An understanding of the performance of the practice was maintained
- Clinical and internal audit were used to monitor quality and to make improvements for example, improving prescribing for patients living with dementia or for those patients requiring antibiotic or high cost medicines.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise effective, high quality and compassionate care. Most staff told us the partners were visible in the practice however, due to the part time nature of many staff they said regular access to some partners was difficult due to their outside the practice interests. Staff stated partners were approachable and took the time to listen to their ideas, comments and concerns.

The partners encouraged a culture of openness and honesty with staff commenting positively about the team working and openness in the practice. We saw how all staff met daily for an early morning 'huddle' meeting which outlined what was expected to happen that day and who was responsible for key areas of the practice. The provider was aware of and complied with the requirements of the Duty of Candour.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence. However, these could be made clearer to assist in identifying trends.

There was a clear leadership structure in place and staff stated felt supported by management.

- Staff told us and we saw from the minutes of meetings the practice held regular team meetings for which the practice kept copies of minutes.
- 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 in doing so and felt supported if they did. We noted practice partner business meetings were held monthly and they met weekly as a team (GPs and managing partner).At these meetings they met other members of the primary healthcare team including nurses, health visitors, district nurses and the palliative care team. Whole team meetings were held as required. There were also separate staff meetings (admin/reception/nurses together) as well as joint meetings with doctors and nursing team, nurse team meetings and weekly meetings of the lead nurse and managing partner. In addition to this the practice held seven dedicated educational mornings each year on a variety of topics and at least one away day each year.
- Staff said they felt respected, valued and supported by the partners in the practice. All staff said they were

Are services well-led?

Good

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

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.

- We observed there was no dedicated clinical lead for the nursing team.
- The practice told us they were reviewing the hours within the nursing team to increase more phlebotomist time and therefore release time within the nursing team to provide more treatment room appointments.

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

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

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly approximately every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, promoting the practices on-line prescription service, changing the layout of the waiting area, improving patient information through leaflet stands and adding a new display screen.
- 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 through,

- Involvement with the Somerset Practice Quality System to develop locally based services for patients;
- Participation in the Symphony project providing new integrated care models for patients with three or more long term conditions;
- Being a member of the Somerset GP Educational Trust (SGPET) (SGPET provides support for Somerset GPs in their learning, work and professional development through the provision and coordination of a wide range of educational activities);
- Being a training practice with two GP appraisers;
- Membership of the Taunton Deane Federation of 14 GP practices to provide patients with wider access to locally based services rather than having to attend hospital;
- Having worked with voluntary sector organisations such as Age UK to improve patient information and advice.
- Staff members had attended personalised care planning training in support of improving patient records and patient support, particularly for older or vulnerable patients.

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 Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include; the proper and safe management of medicines; **Regulation 12 (2) (g)**