

# Beckington Family Practice

## Quality Report

St Lukes Surgery  
Beckington  
Frome  
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Website: [www.beckingtonfamilypractice.co.uk](http://www.beckingtonfamilypractice.co.uk)

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 19/02/2015 – was overall rated as Good). However, during this 2015 inspection we found areas of the practices medicines management that required improvement. We had concerns in regard to:

- Patients and other people were not protected against the risks associated with unsafe or unsuitable storage of medicines and related stationery.
- The content of the emergency medicines kit did not reflect the contents label and treatment guidelines.
- The procedures for the destruction of patients own controlled medicines were in need of review.
- The spare medicines key was not stored safely.
- The processes to support the remote collection of medicines were not safe.

At this inspection:

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive at Beckington Family Practice on 11 January 2018. This inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

# Summary of findings

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Patients valued the services provided and the commitment staff gave to providing their care and treatment.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients. The practice must review the arrangements for checking emergency medicines. In the dispensaries the practice must review the use of medicines in their original foil wrapping inserted into the patients prepared weekly blister packs

The areas where the provider **should** make improvements are:

- The practice should review the systems and documentation for some aspects of medicines management including monitoring all prescription forms, Standard Operating Procedures, expiry date checks, managing safety alerts, and controlled drugs.
- The practice should review how evidence of the recruitment process for GPs is kept to evidence that the process was carried out in accordance to the practice's own policy and procedure.
- The practice should continue with an on-going risk assessment process and take appropriate actions to maintain a safe and accessible service at the Freshford branch surgery.
- Continue with a programme of identifying and supporting carers.

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

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

# Beckington Family Practice

## 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 adviser and a CQC Pharmacist Inspector.

## Background to Beckington Family Practice

Beckington Family Practice is located at St Lukes Surgery, Beckington, Frome, Somerset BA11 6SE, There are two branch surgeries:

Fromefield, Frome Medical Centre, Enos Way, Frome, Somerset, BA11 2FH

Freshford, 1 West View Orchard, Freshford, Bath, BA2 7TT

The service had approximately 9,916 patients registered from around the local and surrounding areas, covering 100 square miles. Patients can access information about the service at [www.beckingtonfamilypractice.co.uk](http://www.beckingtonfamilypractice.co.uk)

The registered location is located in a residential area in Beckington. There is a small car park and disabled parking bays to the side of the building. The building is purpose built with patient accessible facilities on the ground floor and a lift to the first floor. Fromefield is based within a modern healthcentre complex (built in 2012) in Frome which is shared with other healthcare services. It is fully accessible and has suitable facilities for patients with limited mobility. Freshford is an established branch service in the village of Freshford based in an adapted older residential building. It does not meet some aspects of the requirements of the Disability Discrimination Act 1995 as it

can only be accessed by flights of steps, there are no accessible bathroom facilities or accessible fire exits. Dispensing pharmacies are provided at both the Beckington and Freshford locations.

The practice partnership consists of three GP partners who employ five salaried GPs. There are four male and five female GPs. The practice employs one nurse practitioner, four practice nurses and three health care assistants. The practice has a practice manager who is supported by a team of management staff, reception staff, administrators and secretaries.

Each location has its own direct telephone line to book appointments. Appointments are available at Beckington on Monday to Friday 8.30am -1.00pm and 2.00pm -5.00pm; at Fromefield on Monday to Friday 8.30am -1.00pm and 2.00pm-5.00pm and at Freshford on Monday 8.30am -12.30pm, Tuesday 2.00pm -7.30pm, Thursday 8.30am-12.30pm, Friday 8.30am -1.00pm. There is a late afternoon session 6:30 -7:30pm on Tuesday in Freshford. There is a Saturday morning session 08:30 -11:40am fortnightly which alternates between Beckington and Frome.

The practice has a General Medical Services (GMS) contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

The practice does not provide out of hour's services to its patients, this is provided via NHS111 Contact information for this service is available in the practice and on the practice website.

Demographic data from 2015/2016 that is available to the CQC shows:

## Detailed findings

The age of the patient population was similar to the national averages for patients under the age of 18 years at 20%, the national average being 21%. For patients over 65 years the practice has 25% with the national average being 17%.

Other Population Demographics included 59% of the practice population have a long standing health condition, which was above the national average of 54%. Also 55% of patients were in paid work or full time education which was below the national average of 62%. Information from the

Index of Multiple Deprivation 2015 (IMD): showed the practice population is at 14 (the national average 24). The lower the number the more affluent the general population in the area is.

Income Deprivation Affecting Children (IDACI): is 11% (the national average 20%)

Income Deprivation Affecting Older People (IDAOPI): is 11% (the national average 21%).

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

The practice was rated as requires improvement for providing safe services because:

- The systems for monitoring infection control were not embedded.
- Good medicines management was not always maintained.
- The systems for ensuring a safe environment at the Freshford branch surgery was not fully implemented.

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information training for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had detailed the staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis for the administration, GPs and nursing staff. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 recruitment records were detailed and organised some but not all had information about the interview and selection process. The selection and recruitment records of the GPs was not available. We were told by

the GP partners the recruitment process for doctors was not necessarily adhered to in the same way as for other staff employed; documents and information were not sought or retained in line with the practice's own policy and procedure.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We found there was not an effective system to manage infection prevention and control. This was because there was not a cohesive oversight of infection control over the three locations. The practice could not evidence that regular infection control audits had been carried out by the staff at all three sites. At Fromefield the landlord took the responsibility for the cleaning and some aspects of infection control management such as clinical waste, cleaning the location and the changing of the privacy curtains in the treatment and consulting rooms. However, the practice had not checked that facilities were maintained to the appropriate standard, that curtains were changed regularly, that there was an effective routine cleaning programme for equipment. At Beckington, there was no evidence of a programme of checks on the standard of cleaning provided by an external company including measures that should be in place for prevention of infection control, also, there was no evidence that chemicals were used in accordance to Control of Substances Hazardous to Health (COSHH). At Freshford there were significant areas of concern in regard to the overall management of preventative measures for infection control. There was a lack of safe appropriate storage for cleaning equipment and chemicals. There was no separate area to dispose of waste water from cleaning, and urine specimens were disposed of down the toilet. A large area of the flooring in the dispensing pharmacy was not a washable surface and there were areas where the carpets were stained. There was no separate kitchen area or sink for preparing drinks, obtaining drinking water and washing crockery; this was all carried out in the dispensary sink. Dispensary staff also used the sink for hand washing. There had been recent changes in the nursing staff team and a new member of staff had been assigned to the lead role for infection control during the last week prior to the inspection visit. Since our inspection visit we have been informed and shown preliminary infection control audits carried out by nursing staff in response to our

# Are services safe?

concerns. The audits show issues identified and confirmed that further steps needed to be taken to ensure appropriate policies, procedures and an audit programme needed to be updated and implemented fully.

The practice could not provide comprehensive information to demonstrate that all facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

- Fire safety systems were in place at Fromefield. These were maintained and checked by the landlord, although the information was not fully shared with Beckington Family Practice. A programme of fire safety at the main location at Beckington was in place including fire drills and maintenance of emergency lighting, fire extinguishers and the alarm. At Freshford, a fire risk assessment had been undertaken prior to our inspection visit. There was no evidence of previous risk assessments. The fire risk assessment indicated that there was no regular programme of testing the smoke detectors in the building. This was confirmed by members of staff. There was no fire bell and air horns were used to alert staff in the care of fire; however, these were not functioning and required replacement. In addition we found there were sandbags obstructing fire exits. Fire extinguishers had been checked within the last 12 months. The practice manager provided information that immediate actions had been taken to replace batteries in the smoke detectors and checks confirmed they were working. Other issues such as external obstructions to the fire exit doors such as sandbags were to be removed and air horns to be replaced. We were advised following the inspection that specialist support had been sought to reassess the fire safety at Freshford to ensure compliance to fire regulations. Interim measures were in place until this was completed including retraining for the daily checks that should be in place until safety is assured.
- We noted at Freshford there was not an integrated personal alarm system and that the personal attack alarm was not working and needed its batteries to be replaced.
- There was a programme of recalibration for equipment; this was carried out twice per year. However, it was not clear that all equipment was monitored effectively as we found staff were unaware of the date of a check, or the

date that a check was due, for blood monitoring equipment at Freshford as there was no information available. At Fromefield we found a doctor's bag (used for home visits), although stored securely, had equipment such as thermometer, sphygmomanometer and auroscope which had no indication they had been checked or calibrated. We were told there was a system for equipment that GPs held in their doctors bags whereby they were requested to present their equipment for calibration when there was a planned check. However, this appears not to be working effectively.

- There were systems for managing healthcare waste. The arrangements for both Beckington and Fromefield appeared to be appropriate. Staff when we spoke with them were not certain of the full arrangements for Freshford. Following the inspection, through the process of their own infection control audits for all sites they identified that their information was incomplete. For example, detail of the waste disposal company collection receipts therefore there was not a full audit trail.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Clinicians and staff worked across all three locations, ensuring that there was continuity of services. Patients were guided to one of the other locations should it be required for a specific consultation or treatment if necessary. For example, wound dressing or consultation with their preferred GP.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Key information was on display in consulting and treatment rooms as a reminder and for guidance should it be required.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment



# Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. Patients had individual named GPs and staff endeavoured to ensure patients were able to see their named GP where possible. The care records we saw showed that information needed to deliver safe care and treatment was detailed and was available to other relevant staff in an accessible way if this could not be achieved. Feedback from patients showed that there was continuity of care irrespective of seeing their named GP.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was through detailed electronic records, regular meetings within the GP practice and with other external health care professionals.
- One of the GPs was the lead for Somerset practices on an admission avoidance scheme which included planning ahead with detailed care plans that were shared with the multi-disciplinary team for patients with significant or complex care needs. We saw examples of how this was working and we heard how this had an impact alongside the support patients had from Health Connections – Mendip to self-manage their care and obtain support from within their community.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

At the last inspection on 20 February 2015 we found areas of the practices medicines management that required improvement. We had concerns in regard to:

- Patients and other people were not protected against the risks associated with unsafe or unsuitable storage of medicines and related stationery.
- The content of the emergency medicines kit did not reflect the contents label and treatment guidelines.
- The procedures for the destruction of patients own controlled medicines were in need of review.
- The spare medicines key was not stored safely.

- The processes to support the remote collection of medicines were not safe.

The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment did not always minimise risks and therefore not always safe.

The practice had a dispensary at Beckington and the Freshford branch and were able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

- The practice had signed up to the Dispensary Services Quality Scheme (DSQS) which rewards practices for providing high quality care to their dispensing patients. Annual competency assessments were completed by the lead GP for the dispensary staff. The dispensary carried out regular medicines audits. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The standard operating procedures (written instructions about how to safely dispense medicines) were reviewed annually but they were not signed by dispensary staff to confirm that they had been read and will be followed. Dispensing incidents and near-miss errors were recorded. Staff demonstrated how changes had been made to the dispensary following a review of these records to minimise the chance of a similar error reoccurring. However, adequate systems were not in place to deal with medicines alerts or recalls in the dispensary.
- The dispensary also offered patients weekly blister packs to support them to take their medicines. Some medicines were packed in their original foil wrapping where there was a risk of patients not taking their medicines safely. We did not see records to show that the risks of this had been assessed, and that alternatives had been considered. Following the inspection the practice said they would review these patients and remove these medicines from the blister packs.

## Are services safe?

- The practice offered a medicines delivery service to patients in their own homes and to secure collection sites in surrounding villages; we found suitable records were kept.
- Medicines were stored securely however access by non-authorised staff was not always restricted. Following the inspection the practice said they would review this and complete the necessary risk assessments. Fridge temperatures were recorded daily and were within the recommended temperatures. At Freshford we were told that expiry dates for medicines were checked but there were no records in place.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored securely and access was restricted to appropriate individuals. Suitable arrangements were in place for the destruction of controlled drugs. At Freshford we saw that stock checks for controlled drugs were not routinely completed in accordance with national guidance and records were not completed fully.
- Blank prescription pads and forms were stored securely and there was system in place to monitor the use of handwritten prescriptions but not all printed prescriptions were tracked throughout the practice.
- Emergency medicines were easily accessible to staff however, not all staff knew of their location. There was also a risk that emergency medicines were not stored safely, they were not held in a secure area and were not tamper evident. Records showed that they were not checked regularly to make sure they were in date and

safe to use. On the day of inspection one medicine in stock was date expired. This had not been identified in the stock checks completed. When informed the practice removed it from the stock on the day.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

### Track record on safety

- There were some risk assessments in relation to safety issues. However, we found there were gaps in what was in place, and how frequently they were reviewed, for example fire safety and infection control, and COSHH.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were appropriate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Information was shared across the whole team to encourage shared learning and innovation. For example, a missed referral for a patient occurred. The referral process was reviewed and additional steps had been added to the process to include sending the administration team a 'Task' to advise them that a referral has been made. This then could be monitored that it had been received and acted upon.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Clinical templates were adjusted and updated in accordance to any new clinical advice received in. For example, sepsis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. The practice had implemented leaflets with supporting information to give to patients. For example, following receiving corticosteroid injections.
- The clinicians used social prescribing and signposted patients to utilise the support from the local Health Connections team, who encouraged patients to join community projects and groups to reduce social isolation and self-manage their care.

### Older people:

- The practice followed up on older patients discharged from hospital by use of a shared discharge hub service provided by another practice. This ensured that checks were made that all the appropriate services were informed and care packages in place.
- The practice had implemented a new project whereby a GP held regular reviews of the nursing and care home patients to clarify their plans of care, ensuring that their wishes for care and treatment were in place should their health deteriorate, and reducing the need for unnecessary medicines or polypharmacy.
- The practice had implemented a search of patients registered with them to highlight certain 'at risk' health

issues. They could be assessed for their frailty and plans put in place to respond to their needs, refer to other health and social care providers for support, and avoid hospital admission.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice provided a leg ulcer dressing service so that patients did not have to travel outside of the local area for treatment.
- The practice had agreed to participate in a new project, to start in January, which identifies and focuses on patients at high risk of developing diabetes. This programme is to improve their lifestyle and diet by either using a fit bit or an app on their phone to encourage them to improve their health and wellbeing.
- Patients living in a care service had a joint annual review of their care needs and of the support required from the GP practice. This included the medicines they were prescribed.
- The practice as part of the local federation of GP services can access some services locally for treatment or tests such as specific blood tests for patients receiving medication for heart or vascular problems, support for those with urinary catheterisation and tests for possible blood clots.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccine programme. The practice held weekly child immunisation clinics. Uptake rates for the vaccines given were 92.1 – 95.2%; the target percentage was 90% or above.
- The practice offered a full range of contraceptive implants and sexual health screening.

Working age people (including those recently retired and students):

# Are services effective?

## (for example, treatment is effective)

- The practice's uptake for cervical screening was 85%, which was above the 81% coverage target for the national screening programme.
- The practice had an advance booking system for appointments out of their core working hours for evening and Saturday morning appointments.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients had a named GP to coordinate their care and worked well with the palliative care team attending meetings every fortnight to check on the plans of care and put actions in place to support patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had identified that it supported patients from the traveller community who lived locally to Frome. We were told how it was working with the Health Connections team to ensure that these patients were able to access support and had information available to them of where to seek help if required. One of the GPs led on providing care to this group of patients which included making changes to how the GP service operated. For example length of appointments, the provision of information and looking at whole family care and support.

People experiencing poor mental health (including people with dementia):

The practice has implemented an alert on patient's records for those patients with an increased risk of dementia.

- Patients diagnosed with dementia had their care reviewed on a regular basis.
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had plans of care in place

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had discontinued, like most of the other Somerset GP services, to use information gathered for the national Quality

Outcome Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. Somerset Clinical Commissioning Group had implemented the Somerset Practice Quality Scheme (SPQS). The aims of the scheme were to actively monitor performance and improve the quality of general practice. The practice told us about how they had observed this change from using QOF and the QOF funding had impacted upon the patients they support. The practice had access to other resources to provide support to older patients and patients with long term conditions. This included the work carried out by the Health Connections team to signpost and support patients to access to external and community support groups. However, precise data was not available to evidence this for this inspection. We were told early indicators showed that there was a reduced number of unplanned admissions to hospital for patients from Beckington Family Practice since this scheme had been in place.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

We had positive feedback in regard to the mentorship for clinicians at the practice. GPs had joined the practice following their placement whilst in training as it provided a good training experience.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Feedback from care home services that came into contact with the GP service stated that the GPs and other staff worked well with them. The patients' needs came first and that GPs included family in their support.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Positive feedback from the palliative care team identified that the GPs were always ready to listen and were supportive in the shared decision making about patients care.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 74 patient Care Quality Commission comment cards and a comment via the CQC website 'Share your experience' section that we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. What was evident was the value patients put on having a local GP and dispensing pharmacy in Freshford.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 224 surveys were sent out and 116 were returned. This represented about 1.6% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; CCG - 93%; national average - 91%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.

These higher than average scores were reflected in the feedback from patients in the comment cards we received. Patients used words such as 'utmost respect', 'friendly', 'helpful', patients told us how there was a 'sense of commitment' at the practice.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The practice told us how they were committed to exploring how to share and inform patients about their care for those patients who found leaflets and similar formats difficult to use.
- Staff communicated with patients in a way that they could understand, for example, they used communication aids and they were expanding the variety of easy read materials available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. Patients and their supporters were directed to Health Connections to explore what was available to them in the local area such as support groups, befriending services and local facilities.

The practice proactively identified patients who were carers. This was recorded as patients registered with the practice, when they attended appointments and through highlighting leaflets and information in public areas of the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 190 patients as carers (1.9% of the practice list). They had also identified that 185 of their patients had a carer. A positive result was that the practice had provided influenza immunisation during this winter season to all its identified carers.

The practice had identified a member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They



## Are services caring?

worked in conjunction with Health Connections for the Somerset patients. The practice had also identified that they worked across three different counties and therefore had to be a point of contact and resource of information and support for patients across these areas. Notice boards and information were up on display in the practice for patients to access information.

Staff told us that if families had experienced 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.

Results from the national GP patient survey (2017) 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:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 87%.

- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 76% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 78%; national average - 73%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 86%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments,
- The practice improved services where possible in response to unmet needs.
- The practice had identified that the majority of the facilities and premises were appropriate for the services delivered at Fromefield and Beckington. Minor changes to the car parking availability were in the process of being addressed at the Beckington location. However, the practice had noted that the facilities at Freshford were not meeting the patient's needs, particularly providing access to patients with reduced mobility, wheelchair users and patients with pushchairs or baby buggies. We saw on our visit to Freshford that the facilities did not meet with standards for the provision of a health care service. The practice has told us that they were engaged in discussion with the local parish council in regard to a new facility; these will take time and so have started to review how they maintained a safe service whilst this is completed.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits for patient unable to attend through ill-health and mobility problems. They were able to inform patients and offer treatment and care at their other sites for treatments such as wound dressings, surgical procedures and contraceptive care.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice supported patients to access support locally instead of travelling to hospitals further afield.

The practice as part of the local federation of GP services had access to treatment or tests such as specific blood tests for patients receiving medication for heart or vascular problems, requiring support for urinary catheterisation and tests for possible blood clots.

- Patients could remain under their GPs care as they had access to a ward at the local hospital to receive rehabilitation and treatment.
- The practice used the consultant direct services at the local hospitals to access specialist advice in a timely way. This included a tele dermatology service, using special equipment sending electronic pictures for specialist diagnosis.
- Patients had access to Health Connections a health coaching and social prescribing service. GPs and other staff had good working relationships with the Health Connection Coordinator who was based in the area and attended the practice regularly. Staff were able to refer patients to this service which signposted them to activities and services in the area such as the gym and meeting rooms available at the Frome Health Centre where Fromefield was based. Patients were informed about health walks, food awareness programmes, befriending services, friendship café meetings and food growing projects.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

### People with long-term conditions:

- The practice had identified patients and held a register of who had long term conditions so that they could target their care appropriately to meet their needs. Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who have depression were seen regularly and were followed up if they did not attend.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed CQC comment cards.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 75% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average – 71%.
- 79% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 82%; national average – 76%.
- 76% of patients who responded described their experience of making an appointment as good; CCG – 78%; national average – 73%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

The complaint policy and procedures were in line with recognised guidance. Twelve complaints were received in the last 12 months. We reviewed a sample of these complaints and found that they were satisfactorily handled in a timely way. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, difficulties in getting in contact with the practice by telephone. The practice reassessed the number of telephone lines and had increased them. The practice had a dedicated telephone line for patients seeking the outcome of any results which freed the necessary staff to answer the calls for enquiries and appointments.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff fed back that they were able to make suggestions and raise issues and these were listened to and acted upon.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Time and financial support were given to staff to enable access to training to enhance their roles within the practice. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. There were areas requiring improvement in respect of the safe management of some medicines.

# Are services well-led?

Good 

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

- There were structures, processes and systems to support governance and management of the service. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There was evidence of good communication between staff and different teams so that there was a team approach to activities and the delivery of the service.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, there were areas where these were not always followed, such as fire safety and medicines management.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. The practice understood and was aware of issues about the sustainability of delivering a service at Freshford. They had identified that the current facilities were not suitable to deliver the quality service they wished for their patients living in the area. They had taken steps to instigate discussion with the local parish council in regard to possible new premises in the village of Freshford. At the time of this inspection the outcome of these discussions did not as yet secure new premises for the practice. Although the provider had taken some steps to address these issues they had increased their vigilance of the risks for providing a service at Freshford and were implementing changes where possible to mitigate these risks until a permanent solution was found.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- Each of the partners led on managing the teams of staff, such as the dispensary, nurses and administration.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who confirmed that they were listened to and encouraged to participate and comment on how the service was run.

# Are services well-led?

Good 

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

- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice. For example, two of the GPs were active and led at both the practice, federation and on aspects of clinical care in the Clinical Commissioning Group (CCG). For example, one was developing an antimicrobial prescribing policy and another was diabetes clinical lead for the county.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- There was no proper and safe management of medicines. In particular stock medicines and the management of emergency and controlled medicines.