The Quantock Medical Centre

Quality Report

Banneson Road,
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Bridgwater,
Somerset,TA5 1NW.
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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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We undertook a comprehensive announced inspection on 18 November 2014. Overall the practice is rated as good for providing an effective, caring, responsive and well led service; however, at the November inspection the practice was rated as requiring improvement for the safe domain. This was because clinical governance systems were not systematic and did not fully demonstrate that the service was robust in monitoring the safety of patient care. We carried out a focussed inspection on 12 August 2015 to review the action the provider had taken to address these issues.

Our key findings were as follows:

- The provider had established processes in place to assess and monitor the quality of service which included effective clinical governance processes such as clinical audit and significant events, which assured the safety of patient care.
- The provider had reviewed the needs of the practice population and had appointed experienced and skilled staff to meet these needs.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in November 2014.

Good

The Quantock Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and a GP specialist advisor.

Background to The Quantock Medical Centre

The practice is located in a rural village of Nether Stowey in Somerset and provides services to patients living in the Nether Stowey and the surrounding villages. The patient population of 3200 is predominantly white British. The practice is at the heart of the community and offers a patient centred service. The patients see their own GP who is also often the family GP and this gives a continuity of care. The practice also supports patients in residential and nursing care homes.

The Quantock Medical Centre is a dispensing practice with services provided at one location:

Banneson Road,Nether Stowey,Bridgwater,Somerset,TA5 1NW

The practice is routinely open from 8am - 6.30pm Monday to Friday and on Saturdays 8.30am - 10am. There are daily urgent care appointments for patients with an illness requiring same day medical care either at the surgery or as a home visit. The practice is part of the Bridgwater Bay Health Federation.

The practice operates as a partnership between two GPs and one salaried GP who work a total of 17 sessions across the week. The practice also employs a nurse practitioner and two practice nurses. The practice has a General Medical Services (GMS) contract and provides specific enhanced services.

The practice does not offer Out-of-Hours care, but provides telephone information to patients about Out-of-Hours and emergency appointments. The practice referred their patients to Somerset Doctors Urgent Care, operated by Vocare. This information is also available in the practice leaflet and on their website.

The patient age demographic for the practice is:

0 to 4 years 4.6% - lower than the national average

5 to 14 years 8.4% - lower than the national average

under 18 years 11.5% - lower than the national average

65+ years 28.9% - higher than the national average

75+ years 12.7% - higher than the national average

85+ years 4.1% - higher than the national average

The practice also has a higher than national average number of patients with long term conditions. NHS England- GP Patient Survey published on 4 July 2015 showed the practice consistently scored higher than the Clinical Commissioning Group average for patient satisfaction.

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. This inspection was

Detailed findings

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.

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

How we carried out this inspection

We carried out a comprehensive inspection of the practice in November 2014 when we made a requirement notice for the provider that they must make improvements in order to ensure services were safe for patients. The requirement notice was for the practice to implement the necessary changes to ensure they assessed and monitored the quality of the service. We received an action plan from the provider on 16 March 2015 from the provider which identified all the actions required would be in place. This focussed inspection considered the actions taken by the provider to establish whether they had made the required improvements they needed to in order to provide safe services.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems for performance monitoring, but we had found the clinical governance systems were not systematic and did not demonstrate the service was robust in monitoring the safety of patient care. On this visit we reviewed safety records, incident reports and minutes of meetings where these systems for performance monitoring were discussed. We found safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and provided a clear, accurate and current picture of safety.

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. The practice manager recorded 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. The GPs we spoke with were aware of their responsibility to complete a significant event form for each investigation and take action. There was a consistent approach and a system in place for reporting and recording significant events. The practice carried out an analysis of the significant events. We found lessons were shared through clinical meetings to make sure action was taken to improve safety in the practice. For example, we read about an incident where an acute prescription item had not been added to the repeat prescription for a patient. The practice had reviewed the event and put safeguards in place to prevent reoccurrence.

At our last inspection we found the GPs at the practice did not follow the same protocols and working practices. We saw on this inspection that protocols had been further developed to reflect National Institute for Health and Care Excellence (NICE) guidance so that there was a cross checking system which audited practice performance and monitored patient safety. For example, we saw the system for ensuring histology samples taken during minor surgery were documented and results followed up with appropriate action. We case tracked the process for one patient (anonymised record) to see how the effectiveness of the system. We found that all necessary action had been taken and treatment provided. The minor surgery had also been audited for post-surgical infection in order to identify any poor practice and promote patient safety.

We found at our last visit that the Quality and Outcomes Framework (QoF) for the practice indicated that patients with a diagnosis of diabetes were not well controlled with medication. Even though they had attended appointments with the nurse for their annual health check. The practice demonstrated that they had understood and responded to this area of concern by implementing systems to identify and review those diabetic patients with HbA1c outside of the normal range. (The term HbA1c refers to glycated haemoglobin by measuring glycated haemoglobin GPs and nurses are able to get an overall picture of average blood sugar levels have been over a period of weeks/months. For people with a diagnosis of diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.) Patients had been invited to a review with the specialist nurse practitioner and jointly had agreed care plans to work toward reducing HbA1c levels. Patients who were unable to attend the practice had been visited at home. The practice intended to reaudit in 6 months times to ensure all the patients had been identified and to ensure the planned treatment was effective.

Learning and improvement from safety incidents

We had found safety incidents relating to the dispensary had been reported to the practice manager. Two similar incidents had been recorded and we found that systems in place for dispensing medicines in this way did not involve a final check by a second person. The practice had implemented the check by a second person and had reduced the risk of mistakes.

Monitoring Safety & Responding to Risk

At our last inspection we found that the GPs did not have regular meetings to discuss issues such as clinical risks or the results of clinical audits. On this inspection we were shown evidence of regular minuted meetings between the team which documented discussions about clinical risks and actions taken. We from clinical audits that information was shared, and therefore all of the team were aware of the learning outcomes from the audits. We were also provided evidence which showed the GPs had undertaken assessments according to national guidance and taken action based on the findings. For example, during the influenza programme for 2014 the pulse of a group of 'at risk' patients was taken in order to identify any unknown cases of atrial fibrillation. Those with an irregular pulse were referred for further tests and a review with the GP for a suitable course of treatment.