

Axbridge & Wedmore Medical Practice




Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Axbridge and Wedmore Practice on 15 May 2015. Following our comprehensive inspection overall the practice was rated as requires improvement specifically for the safe and well led domains. Following that inspection we issued two requirement notices. These notices were due to a breach of Regulation 15 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Premises and Equipment and Regulation 17 Good Governance. The requirement notices were for the practice to implement the necessary changes to ensure patients who used the service were protected against the risks associated with infection prevention, the other requirement notice was for the practice to monitor the quality and safety of the service. A copy of the report detailing our findings can be found on our website at www.cqc.org.uk.

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

- The practice needed to ensure there was a building maintenance programme in place.

- The practice needed to ensure there was a process to undertake regular risk assessments of the environment in order to identify any potential risks to patients' safety.
- The practice needed to ensure the cleaning schedule was effective, in order to maintain the hygiene and cleanliness of the practice.
- The practice needed to review the protocols they had in place for patient safety, to ensure staff was able to put them into practice, in the areas such as. emergency protocols, cold chain protocols, safeguarding protocols.
- The practice needed to fully implement the recruitment policy to evidence that patients were protected from the risk of the employment of unsuitable staff.
- The practice needed to ensure staff were appropriately trained for the roles they fulfilled such as the administering of vaccinations and, chaperone training.

We had also found in addition the provider should:

Summary of findings

- Undertake a risk assessment for the siting of emergency medicines and equipment so they were easily accessed in an emergency.

We carried out an announced focused inspection at Axbridge and Wedmore Practice on 20 June 2016 to follow up the requirements and to assess if the practice had implemented the changes necessary to ensure patients who used the service were protected against the risks associated with infection prevention and lack of monitoring of the quality and safety of the service.

Overall the practice is now rated as good.

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

- The practice had a building maintenance programme in place and had addressed areas of concern such as aspects of safety entering and leaving Wedmore Surgery, decoration and refurbishment.

- Risk assessments to identify and monitor risks to the environment were implemented and reviewed regularly.
- Cleaning schedules were in place and practice buildings were kept clean and hygienic.
- Protocols had been reviewed in updated and followed by staff, such as emergency procedures, use of the cold chain and safeguarding vulnerable adults and children.
- The records for recruitment showed that some but not all aspects of their recruitment policy and procedure had been recorded in detail appropriately.

The areas identified during this focused inspection, where the provider should make improvement are:

- The provider should ensure there is an effective system to ensure that evidence that recruitment policies and procedures had been followed is kept.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The arrangements for the implementation of safe practices such as infection control and cleanliness and maintenance of the buildings had improved to an appropriate level.
- There were environmental risk assessments in place.
- The practice had arrangements in place to respond to medical emergencies.
- The provider should ensure there is an effective system to evidence that recruitment policies and procedures had been followed.

Are services well-led?

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

Good



- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There were improved systems in place to support the day to day running of the practice which were reviewed and demonstrated quality improvement and mitigated risk.

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

We carried out an announced focused inspection at Axbridge and Wedmore Practice on 20 June 2016 to follow up the requirements and to assess if the practice had implemented the changes necessary to ensure patients including older people who used the service were protected against the risks associated with infection prevention and lack of monitoring of the quality and safety of the service.

Good



People with long term conditions

We carried out an announced focused inspection at Axbridge and Wedmore Practice on 20 June 2016 to follow up the requirements and to assess if the practice had implemented the changes necessary to ensure patients including people with long term conditions who used the service were protected against the risks associated with infection prevention and lack of monitoring of the quality and safety of the service.

Good



Families, children and young people

We carried out an announced focused inspection at Axbridge and Wedmore Practice on 20 June 2016 to follow up the requirements and to assess if the practice had implemented the changes necessary to ensure patients including families, children and young people who used the service were protected against the risks associated with infection prevention and lack of monitoring of the quality and safety of the service.

Good



Working age people (including those recently retired and students)

We carried out an announced focused inspection at Axbridge and Wedmore Practice on 20 June 2016 to follow up the requirements and to assess if the practice had implemented the changes necessary to ensure patients including working age people who used the service were protected against the risks associated with infection prevention and lack of monitoring of the quality and safety of the service.

Good



People whose circumstances may make them vulnerable

We carried out an announced focused inspection at Axbridge and Wedmore Practice on 20 June 2016 to follow up the requirements and to assess if the practice had implemented the changes

Good



Summary of findings

necessary to ensure patients including people whose circumstances may make them vulnerable who used the service were protected against the risks associated with infection prevention and lack of monitoring of the quality and safety of the service.

People experiencing poor mental health (including people with dementia)

We carried out an announced focused inspection at Axbridge and Wedmore Practice on 20 June 2016 to follow up the requirements and to assess if the practice had implemented the changes necessary to ensure patients including people experiencing poor mental health who used the service were protected against the risks associated with infection prevention and lack of monitoring of the quality and safety of the service.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should ensure there is an effective system to ensure that evidence that recruitment policies and procedures had been followed is kept.

Axbridge & Wedmore Medical 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.

Background to Axbridge & Wedmore Medical Practice

Axbridge and Wedmore Medical Practice are located in a rural area of Somerset. They have approximately 8400 patients registered who are of a White British ethnicity.

The practice operates from two locations:

Axbridge Surgery

Houlgate Way

Axbridge BS26 2BJ

And

Wedmore Surgery

St. Medard Road

Wedmore BS28 4AN

The practice is made up of four GP partners and four salaried GP working alongside qualified nurses and health care assistants who work at both locations. The practice has a general medical service contract and also has some additional enhanced services such as unplanned admission avoidance. The Axbridge Surgery is open Monday – Friday, 8am - 6.30pm and Wedmore Surgery

Monday & Friday 8am - 6.30pm, Tuesday, Wednesday and Thursday 8am-1.00pm. Extended hours with pre-bookable appointments are available on Wednesday and Thursday 6.30pm - 8pm at Axbridge Surgery on alternate weeks; and at the Wedmore Surgery on Wednesday and Thursday 7am - 8am once a month, and Saturday 8am - 9.30am on alternate weeks.

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

Patient Age Distribution

0-4 years old: 3.9%

5-14 years old: 12.6%

Under 18 years: 17%

65-74 years old: 21.2%

75-84 years old: 8.2%

85+ years old: 2.2%

Information from NHS England indicates the practice is in an area of low deprivation with a lower than national average number of patients with long standing health conditions, a higher than average number of patients with caring responsibilities and high levels of employment. The patient gender distribution was male 49.5% and female 51.5%.

The practice does not participate in the national quality and outcomes framework but is part of the Somerset Practice Quality Scheme. The practice has Wi-Fi at both sites for patients to access.

Detailed findings

Why we carried out this inspection

We carried out a focused 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 the information they submitted following the inspection on 5 May 2015 of the actions they had taken to address the concerns found. We carried out an announced visit on 20 June 2016.

During our visit we:

- Spoke with a range of staff, GPs, nursing staff and the practice manager.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed records relating to the management and delivery of the service.

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

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

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

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

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

Are services safe?

Our findings

During this inspection we only reviewed the areas that were found previously in May 2015 to require improvement.

Reliable safety systems and processes including safeguarding

During our last inspection we found the practice had systems to manage and review risks to vulnerable children, young people and adults. We had asked members of medical, nursing and administrative staff about their most recent training and were told that all non-clinical staff at the practice had been provided with training for both safeguarding vulnerable adults and children. One GP took the lead with safeguarding at the practice. All of the GPs had been trained to level three for the safeguarding of children. However, we had found staff we spoke to were not all aware who the lead person was for safeguarding adults and children, but would speak to the practice manager if they had a safeguarding concern. Evidence at this inspection showed that a programme of training for safeguarding had continued to be provided to staff, safeguarding had been discussed at staff meetings and training sessions. Information was available on line and on display in various areas of the practice premises to support staff should a concern arise. Staff were confident of to whom to speak should it be required.

Previously we had asked how information from the out of hours GP service or 111 services was received into the practice. We had found at the last inspection this was electronically but there was no formal system in place to ensure the information was reviewed in a timely way. We were given greater information at this inspection of how the information was received in and followed up. Administration staff checked emails received from the out of hours and 111 services as the first task each morning. Emails with details of any out of hour's interventions were forwarded to the duty doctor and they were included in the follow up, telephone consultations carried out during the day. They were triaged as to the level of need and information was updated on patient's records.

There was a chaperone policy, which was visible on the waiting room and in consulting rooms. There was a chaperone protocol for staff which set out clear steps staff should take and how chaperone support should be recorded in patient's records. These had been reviewed

and updated in January 2016. However, we had found at the last inspection specific training had not been provided to the staff who gave chaperone support to patients. We saw that these staff had received training in November 2015 and copies of their training certificates had been retained in their personnel records.

Medicines management

We looked at the systems and processes in place for the management of vaccines. Previously in May 2015 we had found there was a protocol for ensuring medicines were kept at the required temperatures as we saw evidence the temperatures of refrigerators were recorded daily. However, we found that the refrigerator temperature had been recorded at 10 degrees (the required optimum storage vaccines is between two to eight degrees centigrade to ensure they remain effective) for three weeks days but staff could not tell us what action was taken as a result of this potential failure. The lead nurse could not provide us with a cold chain protocol however; the practice manager had a copy of the Public Health England 'Protocol for ordering, storing and handling vaccines'.

During this inspection we spoke with the lead nurse, reviewed facilities and looked at documents, records, policies and procedures relating to the safe management of vaccines and medicines at the two practice locations. The practice informed us they had carried out a whole review of the vaccines service they provided. We saw changes in their protocols had been developed and implemented. The practice had evidenced the effectiveness of their changes when there had been two further episodes of concerns re refrigerator temperatures and a patient had received an influenza vaccine twice, issues had been identified promptly and the required actions taken to ensure patients safety. The practice had ensured that new temperature monitors were in place, and a more formal programme of designated daily tasks for the nursing staff had been implemented, and temperature records were regularly audited. Additional actions put in place to ensure stock levels of vaccines were more effectively monitored so that there was less potential of waste. The nursing staff now ran immunisations clinics with two registered nurses working together to ensure the necessary checks were completed and to provide continuity of care, a health care assistant was present to maintain patient records.

Are services safe?

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We had previously seen up-to-date copies of both sets of directions and evidence that trained nurses had received appropriate training to administer vaccines. However, we had found in May 2015 that one member of the nursing staff who administered vaccines had received training when they were a qualified as nurse to administer vaccines. However, when they changed roles was no longer on the Nursing and Midwifery Council register and worked as a Health Care Assistant they had not received any specific vaccines training. We were provided with detail of training this member of staff had undertaken in September 2015.

Processes were in place to check medicines were within their expiry date and were suitable for use. The practice had previously had a system of identified items which were due to expire in the next three months, but had only checked the medicines on a three monthly cycle. This presented the risk of expired medicine being used inadvertently and medicines required for emergencies not being available. Since our last inspection the system had been reviewed and updated and monthly regular audits of medicines now ensured that this risk was mitigated.

Cleanliness and infection control

When we had visited both sites at the last inspection, we had seen that the premises were dirty in places with layers of dust, unemptied bins and generally poor standards of cleanliness. We had observed the carpets in some consultation rooms were badly stained and needed cleaning. At Wedmore Practice the ceiling vents were rusted and extractor fans clogged with dust. We saw there were cleaning schedules in place and cleaning records were kept. However, cleaning equipment was found to be dirty, for example, some mop heads were dirty and stood in dirty water. The only sink the cleaners had access to was the staff kitchen sink in both premises. We saw the covering of some examination couches was split and presented an infection control risk. The practice manager stated that new couches were on order and that immediate action would be taken in respect of the cleanliness of the premises.

The practice had implemented changes since our last inspection. When we visited both locations it was clear that a good cleaning regime was now in place, carpets, ceiling vents had been cleaned and maintained. The practice had

engaged a new cleaning company and there was a regular system of audit carried out by both parties and changes were put in place when required. One area that had not been fully addressed was the using of the kitchen sinks for access for water for cleaning purposes. Waste water was now disposed of in the toilets. When discussed with the practice manager it was identified that cleaners had access to water from the shower units at each location and this option would reduce the risk of infection being spread. The practice informed the CQC following the inspection that this had been adopted as the new process to be followed.

The practice lead nurse had responsibility for infection control. They informed us they had undertaken regular audits based on the Somerset Clinical Commissioning Group guidance. We saw evidence the practice audits had identified improvements which were actioned. We had found during our last inspection that not all staff had received in their induction training information about infection control specific to their role. At this inspection we saw information and evidence that new staff now received infection control training within their induction. We also found that changes had been put in place to ensure that all waste bins in the patient toilets were foot operated as recommended therefore reducing the spread of infection.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). Previously we have seen documentation indicating the most recent water test was undertaken in 2013 although records for the practice confirmed regular checks were carried out according to the premises Legionella assessment, which reduced the risk of infection to staff and patients. The practice had since sought an external company to undertake testing at both locations in April 2016 which found they were compliant and confirmed that safe water safety checks were in place.

Equipment

The practice at Axbridge was suitably designed and adequately equipped. The practice at Wedmore was in an old cottage which had been adapted within its constraints as a GP surgery. The buildings, fixtures and fittings were owned by the practice who employed specialist contractors as needed. We had found during our previous inspection that there was no formal ongoing maintenance for the building which appeared tired, and particularly at the Wedmore practice, was in need of redecoration. For

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example, the front door to the building had peeling paint and exposed wood. We observed there was direct access from the practice onto a road and exposed radiator valves. We were told no risk assessments had been carried out in respect of either of the premises. We had also found although there was a range of appropriate seating in the waiting areas such as lower chairs for children and chairs with arms to aid less mobile patients to stand; all appeared in safe condition, however, not all of the seating had a washable covering as recommended.

Following the previous inspection findings the practice manager had commenced developing an overview and plan on regular routine maintenance for both locations. Although not fully completed at the time of this inspection the plan ensured that it was clear of what the schedule was and that other staff, not just the practice manager, could assist with it being carried out. We found that a review of the facilities at the Wedmore practice had resulted in a programme of redecoration that was nearly completed. New UPVC windows and doors had been installed making the building more weather proof and secure. Carpets had been replaced in the communal areas, central heating checked and a safety rail installed externally to reduce the risk to patients safety as they entered and left the building into a road where there was no designated footpath. New chairs had been obtained with washable coverings in the waiting room area. We were told there was a gradual programme of replacement for other similar chairs in consulting and treatment rooms.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. When we had looked at employee files at the last inspection and we had found for one person who had started working at the practice there was no evidence of references being obtained. At this inspection we reviewed a sample of employment files and found that there remained inconsistencies in how the recruitment procedure was implemented. From the two recruitment records we reviewed one had been completed with the necessary information the other had only one reference and minimal information had been given by the applicant in regard to their work history. There was no evidence that the detail in this employee's work history had been explored and although we were assured by staff this had been discussed in interview there was no written evidence.

Monitoring safety and responding to risk

During our previous inspection we had found the practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice; however, these were not always fully implemented. There were no annual or monthly checks of the building which would identify if the environment was safe. The practice also had a health and safety policy and information file which identified key staff members for areas of responsibility. Unfortunately this was out of date and referred to staff who no longer worked at the practice. Health and safety information was displayed for staff to see and there was an identified health and safety representative. Cleaning materials were stored separately but in unlocked cupboards which did not meet the Control of Substances Harmful to Health (CoSHH) guidelines.

During this inspection the practice manager was able to demonstrate that improvements had been put in place in regard to checks made into the safety of the building and the environment. The health and safety policy and procedure had been updated with the relevant information. We were told and shown the changes made to the management of CoSHH. Items were now locked away safely and the practice had obtained information through the cleaning company and the relevant data sheets required were in place.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. On our previous inspection we had found emergency medicines were available in both practices and were routinely audited to ensure all items were fit for use. All staff had completed basic life support training and knew where emergency medicines and equipment were stored. Although at the time when we asked staff about who would respond to emergencies, the answers were inconsistent. The practice did not have a written protocol for this. We had also found the equipment appeared to be in good working order and designated staff members routinely checked this equipment. However, we noted that emergency medicines and emergency equipment were not always stored together and this could mean a delay in treatment.

For this inspection the practice manager provided a copy of their emergency procedure which had been developed and

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implemented. The policy was available electronically to staff and a summary of actions to take for basic life support were kept in close proximity to the equipment. The position of the emergency medicines and equipment at the Wedmore practice had been reviewed and they were now situated in one place. However, it was identified that the

added security put in place when the room was not occupied by staff raised the risk of time delay in ensuring obtaining the equipment in a timely way. This was discussed at the inspection and we were informed that new protocols would be put in place for when nursing staff were not present in the practice.

Are services well-led?

Good 

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

Our findings

During this inspection we only reviewed the areas that were found previously in May 2015 to require improvement.

Governance arrangements

We had discussed previously with the practice at the last inspection how they monitored 'at risk' patients in order to meet the requirements of the enhanced services. For example, the 'Avoiding Unplanned Hospital Admissions' enhanced service meant the practice need to be proactive in identifying vulnerable patients, and ensuring the care plans were in place and were reviewed. We had found the practice had systems in place for monitoring this area of practice. However, the practice did not have easily accessed information about other areas of performance. Specifically we had asked about annual reviews for patients with a learning disability and were told that of the ten patients registered at the practice, records indicated that only one patient had attended for their annual health check. We reviewed this area during this inspection in respect of the information the practice held about annual reviews for patients with a learning disability. We found that an assessment process for identifying patients in the electronic records had been carried out. The practice audit of the electronic records had identified that coding may have been incorrect and the number of patients registered at the practice with a learning disability was actually five and not ten. When we reviewed these records, of those five patients, two in the last few weeks had, had a Cardiff Health Check for people with a learning disability review and a further learning disability health assessment and action plan. Two further patients had been seen at the practice for other appointments/reasons; however, not all of the patients' full needs had been assessed or recorded. We were informed by the lead GP for patients with a learning disability that these would be completed as part of an ongoing process.

At the previous inspection we had also asked the lead nurse how they recorded childhood immunisations and particularly for patients who failed to attend for routine immunisations. The lead nurse was able to tell us they now had improved recording in the patient records and a robust recall and sharing of information with the health visitors to ensure that any non-attendance was followed up in a timely way.

Leadership, openness and transparency

At the time of this inspection visit we were informed verbally that the registered manager was leaving the practice and the partnership. We have been informed since the visit that a new partner was joining the practice and would be assuming this role; however this wasn't immediate and this would leave the practice without a registered manager for approximately six weeks.

Management lead through learning and improvement

During this inspection the staff we spoke with demonstrated an understanding of their role and responsibilities and each took an active role in ensuring a high level of service was provided on a daily basis. The GPs and nurses we spoke with told us how they continued to conduct routine condition and medicines reviews for patients and there was now a designated lead GP to oversee activities. There were also lead GPs for safeguarding, learning disability and training and teaching at the practice. GPs and nurses continued to routinely update their knowledge and skills by attending learning events provided by the Somerset Clinical Commissioning Group (CCG), external training providers and completing online learning courses. Learning also came from clinical audits and improving services as a result of complaints. We reviewed information at this inspection to check if progress had been made since our inspection in May 2015. This was because we had previously found that the processes for sharing information and learning from significant events, audits and complaints were not always followed through.

We reviewed the records for significant events, audits, complaints and meetings. We saw that improvements had been put in place so that findings from these events were discussed and shared at meetings with appropriate staff. Actions had been taken if identified and new protocols had been put in place for staff to follow, although we found there were still some gaps in recording in some of the records we reviewed to show what actions had been agreed and when they had been undertaken. For example, omissions in records for one significant event regarding prescribing to a cardiac patient and another was in regard to a patient receiving a vaccination twice.

The practice had a positive culture for training and held monthly afternoon sessions for staff to attend. Since the last inspection there has been a conscious effort to assess that staff had an understanding of the areas they had been

Are services well-led?

Good 

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

trained for. We could see through minutes of meetings that topics were reviewed and discussed and staff understanding assessed. For example safeguarding and emergency protocols.

The practice continued to be a GP training practice with two partners taking the lead for GP training. The ethos of the practice was that GPs in training brought new ideas and

ways of working to the practice, and were able to challenge established practice. We were provided with a copy of very positive feedback from the local deanery in regard to the support the practice provided to its GP trainees. We were also provided with information about how the practice had been promoting staff events, such as Christmas meals and team celebrations to encourage team building.