

# Warwick House Medical Centre

## 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 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

We carried out an announced comprehensive inspection at Warwick House Medical Practice on 10 August 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an innovative approach to continuous improvement with action plans in place to develop a more integrated model of care between primary and secondary care services.

The areas where the provider should make improvement are:

- Have a document system to record the regular monitoring of infection prevention control measures.
- Review and improve the system in place to track blank prescriptions.

# Summary of findings

- Undertake administrative staff appraisals.
- Have a system to actively monitor performance for the Somerset Practice Quality Scheme (SPQS). (SPQS is a system intended to improve the quality of general practice).
- Embed clinical audits and re-audits to improve patient outcomes and ensure all audits contain a measurable action plan where required.

**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 a system in place for reporting and recording significant events which was currently being brought in line with the Trusts system. This meant annual review processes to identify themes and trends and an improved documentation system was to be implemented.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients mostly received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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. However there was no document system for regular monitoring of infection prevention control measures and the tracking of some types of blank prescriptions.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Audits demonstrated quality improvement however an annual clinical audit plan was not in place and full cycle audits were not always undertaken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff with the recent exception of administrative staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was delivered in a coordinated way.
- Active monitoring of the Somerset Practice Quality Scheme (SPQS), a system intended to improve the quality of general practice was not evident.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey (July 2017) showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice participated in the GP federation test & learn wellbeing advisor project which identified and signposted patients to services to prevent crisis.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided a musculoskeletal clinic with an extended scope practitioner onsite which gave immediate access to patients presenting with this type of problem. The introduction of this service had freed up time which had allowed GPs to increase their consultation times.
- Patients said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Examples of this were the provision of a vasectomy service which local GPs could refer into, and being part of the violent patient scheme offering primary care to those patients excluded from their own practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with dementia.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- The provider and the practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership and management structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings with Taunton and Somerset NHS Foundation Trust.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. A strategic plan was in place to develop an integrated model of care between primary and secondary care services such as the development of a two week wait pathway project for colorectal patients which included an improved way for GPs to make referrals and order tests.
- Staff had received inductions and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, one GP provided a vasectomy clinic for the local community and another specialised in contraception and sexual health.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population which included using frailty scoring to identify those most at risk.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. For example, GP's provided primary medical care to specific nursing homes.
- The practice identified at an early stage older people who may be approaching the end of life. It involved older people in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were offered health promotional advice and support through a wellbeing advisor to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

Good



- Practice nurses had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health and patients were provided with clear care plans and medicines to prevent escalation of their condition.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that additional needs were identified and met.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 82% of women between the ages of 25 and 65 had received a cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses such as quarterly meetings.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- One GP kept up to date with contraception and sexual health by providing a session per week at the local sexual health clinic.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. NHS health checks were provided by an external organisation and the results were monitored by the practice.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, those receiving end of life care and patients and families where there were safeguarding concerns.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

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

Good



- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- People at risk of dementia were identified and offered an assessment.
- Patients diagnosed with dementia received follow up consultations following attendance to accident and emergency.
- The practice had a system for monitoring repeat prescribing for people receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice worked with the local community mental health team which carried out advance care planning for patients with dementia.
- The practice specifically considered the physical health needs of people with poor mental health. For example, 45 minute appointments were offered for annual mental health reviews.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. They provided primary medical care for a local hospital for older people with enduring mental illness.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Of the 220 survey forms distributed 106 were returned. This represented 1.5% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 71%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 84%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients told us the care and treatment they received was excellent, efficient and caring with all staff being polite, respectful and caring.

We spoke with 11 patients during the inspection. All the patients said they were more than satisfied with the care they received and thought staff were approachable, committed and caring.

The NHS Friends and Family Test from April until and June 2017, where patients were asked if they would recommend the practice, showed responses from 16 patients. Of these 94% were extremely likely or likely to recommend the practice to their family and friends.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Have a document system to record the regular monitoring of infection prevention control measures.
- Review and improve the system in place to track blank prescriptions.
- Undertake administrative staff appraisals.
- Have a system to actively monitor performance for the Somerset Practice Quality Scheme (SPQS). (SPQS is a system intended to improve the quality of general practice).
- Embed clinical audits and re-audits to improve patient outcomes and ensure all audits contain a measurable action plan where required.

# Warwick House Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Warwick House Medical Centre

Warwick House Medical Practice, Upper Holway Road, Taunton, Somerset TA1 2QA is located a short distance from the centre of Taunton. The practice serves a mixed semi-rural and urban population of approximately 7,102 patients in the south east of Taunton.

The practice premises are a purpose built two storey building with an onsite pharmacy. All patient services are located on the ground floor of the building which is mainly on one level with a lift to a lower level.

Data from Public Health England show that the practice had a higher than average population of patients over 65, 25%, in comparison with the clinical commissioning group (CCG) average of 23% and a national average of 17%. Average male and female life expectancy for the area is the same as the national average of 79 and 83 years respectively and one year less than the clinical commissioning group (CCG) average. The practice is situated in an area with less deprivation with a deprivation score of 17% compared to the CCG average of 18% and the national average of 22%.

In April 2017 the six GP partners took the decision to enter into a contractual arrangement with Taunton and Somerset NHS Foundation Trust (T&SFT) to become a semi-autonomous directorate of the Trust. The practice sub contracts the General Medical Services (GMS) contract to T&SFT to deliver health care services. In addition to the GMS contract the practice provides a weekly violent patient scheme, a vasectomy clinic and provision of a weekly service to a local 45 bed high needs dementia hospital. A private Botox service was also offered by one GP and acupuncture was available privately.

As part of the merger the GP partners became salaried GPs along with the existing salaried GP to provide a whole time equivalent of four GP posts. There are four female and three male salaried GPs. The clinical team includes three practice nurses and a health care assistant. A musculoskeletal practitioner provided 16 appointments per week and a physiotherapist provided weekly appointments. Non-clinical staff included secretaries, receptionists and administrators and a practice manager. The practice also employs a full time apprentice studying business administration. A wellbeing advisor (as part of a test and learn for the local GP federation) provided support and advice to patients with long term conditions including carers. For example, medicine concerns and education.

The practice is a teaching practice and registrar GPs were placed with them at the time of our inspection. The practice also hosts placements for medical students. Two of the GPs are GP trainers.

Warwick House Medical Practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am and emergency telephone access is available from 8am. The practice operates a mixed appointments system

# Detailed findings

with some appointments available to pre-book and others available to book on the day. Extended hours appointments are offered on Tuesdays, Wednesdays and Thursdays from 6.30pm until 7pm and the practice also offers telephone consultations. Saturday appointments were available as part of a shared acre arrangement within the GP federation. This meant patients could access an appointment with a GP although this may not be a GP at their practice. GP appointments are 15 minutes each in length and appointment sessions are typically 8.30am until 11.30am and 3pm until 6pm. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access a local provider which provides an NHS111 and an Out Of Hours GP service.

We inspected this GP practice under the previous provider in June 2015.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2017. During our visit we:

- Spoke with a range of staff which included the nursing team, reception and administration staff, the GPs, the wellbeing advisor and the practice manager. We also spoke to Taunton and Musgrove NHS Foundation trust medical director and governance lead.
- Spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice reviewed significant events at a fortnightly meeting however there was no annual review process to identify themes and trends. We saw that the practice was in the process of working with the Trust to integrate their significant event systems. This meant that significant clinical incidents would be managed by a Trust wide team of experts including GPs who would receive root cause analysis training.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. However we saw examples where by some of the administrative significant events had not been fully completed. For example, when an appointment for a hospital intervention had been sent to a wrong address.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The practice displayed a short guide which clearly outlined who to contact for further guidance if staff had concerns about

a patient's welfare. There was a lead member of staff for safeguarding. The practice had a risk register for patients at risk of or experiencing abuse or harm and GPs attended safeguarding meetings when possible providing reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However there was no document system for regular monitoring of infection control measures to maintain appropriate standards.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription computer paper was securely stored and there was a system in place to monitor its use. However we saw the practice did not have a system to track the use of blank prescription pads and prescriptions used for controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

## Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. As part of the due diligence process the Trust had reviewed the practices recruitment processes and procedures. Recruitment was now managed by the Trust.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, we observed that the nurse team used the latest guidance for treating patients with wounds.
- The practice monitored that these guidelines were implemented through peer sampling of patient records and through the root cause analysis of significant events and complaints.
- We saw GPs undertook regular meetings with local colleagues and undertook annual literature searches within any speciality service they provided such as the vasectomy service.

### Management, monitoring and improving outcomes for people

The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). We saw the practice continued to collect the same quality of support and care indicators as the national quality and outcomes framework, QOF, with five of the key indicators embedded in SPQS. However we found little evidence that active monitoring, through the IT system, was undertaken. For example, 'How am I doing' to drive ongoing improvements in standards of care. At the time of the inspection we saw that this system would indicate the practice had currently maintained 367 out of the expected 545 points.

The practice were able to demonstrate that the SPQS and performance monitoring was discussed within the wider GP federation. They could also demonstrate that the scheme evolved as necessary to include changes in clinical pathways. For example, as a result of the frailty pilots undertaken there was now an outcome for patients who were identified under this criteria received a care plan.

As the practice had a new provider (Taunton and Somerset NHS Foundation Trust) the most recent data relating to the practice had not been publicised. This meant standard areas of accepted clinical practice recorded in the data could not be analysed.

There was evidence of quality improvement including clinical audit.

- We looked at six of the 17 audits completed in the last two years. We found the audits to be variable with most showing a first audit cycle with action plans however there was limited evidence of implementation of the actions and re-audits to monitor outcomes.
- Of the full cycle audits we reviewed such as the vasectomy audit we saw good outcomes and evidence of good clinical auditing. The annual vasectomy audit showed comparisons with results from the previous five year audits and included an audit of patient experience and medical complications such as pain and bleeding.
- The practice had an audit record in place and an annual review with further action plans took place. However we did not see evidence of an forthcoming audit plan and practice nurse audits were limited to an annual cervical smear audit of sample taking.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a frailty audit had led to the provider working with the practice to look at how they could support these patients with additional Geriatrician support.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. As part of the merger staff had access to freedom to speak up guardians who work with NHS Trusts to create a culture where staff are able to speak up in order to protect patient safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions attended local update training and worked closely with specialist disease practitioners to ensure best practice.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. This was evidenced to us by the nurse team through use of audit tools such as the NATHNAC Yellow Fever audit.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff told us the GPs always provided ongoing feedback to them around their performance. We saw that all the nursing team had received an appraisal within the last 12 months using documentation which supported the NMC revalidation process. Administrative staff had not received their annual appraisal. We spoke to the practice manager who was able to evidence new appraisals which would commence as a part of the strategic overhaul. This meant appraisal systems and processes would be in line with the Trusts processes.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. We were told patient correspondence from other health and social care providers was scanned into patient records once the

GPs had seen the results. This ensured the patient records were current and held electronically to be accessible should they be needed, for example, for a summary care record to take to the hospital.

- Patients' blood and other test results were requested and reported electronically to prevent delays. All of the results were reviewed on the day they were sent to the practice to minimise any risks to patients so that any necessary actions was taken.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. All hospital discharges were coded onto the patient records and where necessary followed up by a telephone call or home visit. We saw robust multi-disciplinary meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Outcomes and actions were recorded directly on to patient records. In addition a quarterly child protection meeting took place with health visitors and school nurses. The practice had ongoing and up to date patient registers for end of life care and vulnerable patients.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw an extensive consent form for vasectomy patients.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from an external support group.

Information from the National Cancer Intelligence Network (NCIN) indicated the practice's uptake for the cervical screening programme was approximately 80%, which was higher than the national average of 74%.

Childhood immunisation rates for the vaccines given were higher than clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the

vaccines given to under two year olds ranged from 85.7% to 100% compared to the CCG average from 84% to 98.7% and five year olds from 97.8% to 100% compared to the CCG average from 92.6% to 98.7%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. NHS health checks for patients aged 40–74 were provided by an external organisation. The practice monitored those patients eligible and 15% had had one. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Same sex clinicians were offered where appropriate.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They provided us with examples of kindness and compassion they had either received or been told about by other patients.

Results from the national GP patient survey (July 2017) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey (July 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. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

## Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice participated in the GP federation Test and Learn project and had a wellbeing advisor based in practice

who signposted and supported patients and carers to attend or access further services. Patients could be referred by any health care professional and were contacted directly by the advisor who could make referrals to other services and provide information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 229 patients as carers (approximately 3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support through referrals to the wellbeing advisor. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer sympathy and support. This call was followed where requested by a patient consultation at a flexible time and location to meet the family's needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Tuesday, Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours. In addition patients had access to a GP practice within the GP federation on a Saturday.
- There were longer appointments available for patients with a learning disability and those experiencing poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- GPs had a daily meeting to discuss complex cases and vulnerable patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and designated parking bays for blue badge holders.
- Additional services were made available to patients to enable them to access the most appropriate pathway for their care. For example, Talking Therapies Counselling Service provided a weekly counsellor, a physiotherapist session was provided weekly and a musculoskeletal clinic provided 16 appointments per week which had allowed the practice to increase GP consultations to a 15 minute duration.
- Additional services were offered to the local community such as a vasectomy clinic and access to a GP, in a secure environment, for those who are unable to access their own GP due to a history of unhelpful behaviours.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with emergency access from 8am. Appointments were typically from typically 8.30am until 11.30am and 3pm until 6pm daily. Extended hours appointments were offered from Tuesday through to Thursday from 6.30pm and 7pm and every Saturday through the GP federation. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey (July 2017) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 71%.

We looked at the appointment system and saw that prebookable appointments were available with the GPs and nurses within a couple of days, as well as being able to access urgent on the day appointments. People told us on the day of the inspection that they were mostly able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was carried out by telephone triage when patients first contacted the practice, the administration staff had a process of assessing each patients need and sought advice from the duty clinician. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaint system on the website and a practice leaflet.

We looked at the 10 complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible

by face to face or telephone contact. The information from the practice indicated at what stage the complaint was in its resolution. All complaints were discussed at an annual review meeting to look at themes, trends and any actions required to improve the service.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, a complaint by a patient with a chronic leg ulcer led to the practices nurses making significant changes to the way in which they treated this condition.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust four year strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was in the process of aligning their vision with the vision of Taunton and Somerset NHS Foundation Trust (T&SFT).

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. At the time of our inspection the Trust was carrying out an overview of practice governance. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs had lead roles with areas of the practice such as quality improvement.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a formal schedule of meetings to plan and review the running of the practice, for example, the GPs and practice manager met weekly for business planning.
- Clinical and internal audit were used to monitor quality and to make improvements. However an audit cycle programme plan was not in place and there was not always evidence that complete audit cycles took place to monitor outcomes of action taken.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. For example, they monitored data on unplanned admissions to hospital as part of their involvement with the local Clinical Commissioning Group (CCG).

- The two organisations have developed a management and a governance structure which met monthly.

### Leadership and culture

On the day of inspection the provider and GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff attended a daily 'huddle' meeting to discuss hospital admissions and discharges, patients receiving end of life care and any daily administrative changes.
- The practice nurses told us they held weekly team meetings at which they discussed any training or educational issues, invited speakers and also addressed any patient or practice issues.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

# Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. We noted team away days were last held in 2016. Minutes were comprehensive and were available for practice staff to view.

- Staff said they felt respected, valued and supported, particularly by the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. They also supported the practice at patient education sessions. The PPG reviewed complaints to the practice annually looking at any themes or trends.
- We saw good examples of processes to seek feedback from patients and from the GPs whose patients attended the vasectomy service.
- The practice had previously gathered feedback from staff through appraisals however at the time of the inspection administrative staff appraisals had not been completed due to a review of the governance processes. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The philosophy for the practice was to value staff and allow them to influence the way in which they do their job.
- Staff told us they felt involved and engaged to improve how the practice was run. GPs told us they felt more empowered and revitalised following the merger and had more time to focus on best practice for patient's care and treatment.
- The practice had a suggestion box and ran the NHS Friends and family test.
- The practice updated patients with a regular newsletter and a news section on the website.

- The practice had completed the Medical Protection Society annual safety culture audit and survey with the last survey being undertaken in 2016. The survey involved feedback from all staff and covers key areas of patient safety.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as the GP federation test and learn pilot schemes for the wellbeing advisor placements to improve outcomes for 'at risk' patients in the area. A locality led frailty audit had been completed to identify patients who fitted these criteria. The practice were working with Taunton and Somerset NHS Foundation Trust's (T&SFT) to look at how they could support these patients with additional Geriatrician support.

The practice was linked into the T&SFT quality improvement team and had a plan in place to develop a more integrated model of care between primary and secondary care services such as the development of community clinics for older people with the Trusts older person assessment and liaison consultant; a frailty audit; a two week wait pathway project for colorectal patients which included an improved way for GPs to order tests, and the addition of a musculoskeletal practitioner which had allowed patients to be directed straight to the most appropriate clinician and allowed GP consultation lengths to be increased as a result of workflow optimisation. Data collected on the service showed 1.6% of the 461 patients seen required a referral back to a nurse or GP and 12.3% of patients required referral on to secondary care.

Improving document flow, part of the 10 high impact projects within the practice was leading to workflow optimisation. For example, administrative staff had received training on the management of hospital discharge letters. In addition the practice was looking at cross training for administrative staff across T&SFT and the use of hospital pharmacists to support patient care and treatment.

Taunton and Somerset NHS Foundation Trust (T&MFT) were working with Somerset Partnership Foundation Trust to develop a strategic collaborative approach for local primary care services. As part of the primary care

# Are services well-led?

Good 

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

management team structure the deputy medical director for T&SFT had taken on a primary care lead role to look developing clinical pathways to facilitate patients care and treatment to take place closer to their home.

Secondary care Paediatric clinics were in the process of being implemented at the practice. These clinics included education sessions for families and case discussion

sessions for staff. The practice already ran secondary care heart failure, respiratory and care of the older person clinics which have reduced demand on secondary care and provided clinicians with the ability to provide an increased service to patients. Patients seen by these services received a written management plan which was recorded within the patient records system.