

Mendip Country Practice

Quality Report

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Date of inspection visit: 20 September 2016
Date of publication: 31/01/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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

- The practice had an open and transparent approach to safety and an effective system in place for reporting and recording significant events. All opportunities for learning from internal and external incidents were maximised.
- The practice had a strong commitment to learning and development for staff and GPs and we saw examples of this throughout the practice.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, a specialist tissue viability nurse visits the practice every week to advise and actively support nurses to treat patients.
- Risks to patients were assessed and well managed. We saw evidence of effective working with other health professionals, including safeguarding of adults and children.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about their care was consistently positive. Patients told us that staff went the extra mile and the care that they received exceeded their expectations.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Staff from Health Connectors Mendip attend the practice for 4 hours every week, they signpost patients to local groups and services including the British Legion, community transport links and counselling services. This can promote social, emotional and holistic well-being of patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The PPG told us that following their suggestion, the practice implemented clearer signage to support people who experience confusion or memory issues.

Summary of findings

- 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. However, we found gaps in the safe storage of medicines and management oversight of this.
- The provider was aware of and complied with the requirements of the duty of candour.
- We saw evidence that significant events and complaints were investigated thoroughly and patients received apologies where appropriate.
- Robust emergency and business continuity plans were in place, appropriate to the rural location and regular, severe adverse weather events.
- Evidence of support to patients regarding their sexual health and providing emergency contraception.
- Evidence was in place of thorough and detailed recording in patient records.
- The dispensary team were experienced and qualified; and supported by GPs and Somerset Clinical Commissioning Group. The dispensary had systems in

place to manage and supply medicines to patients and they had a comprehensive set of standard operating procedures (SOPs) which were up to date and reflected current practice.

- The practice actively reviewed complaints and significant events and how they are managed and responded to, and made improvements as a result.

The areas where the provider must make improvement are:

- Ensure proper and safe management of medicines including arrangements for temperature checks of vaccine storage and action where temperatures are found to be outside the acceptable range.
- Ensure patients are kept safe by only using trained and DBS checked staff to act as chaperones; and arrangements are understood and consistently applied by all staff.

The areas where the provider should make improvement are:

- Review arrangements to assess areas of near misses in the dispensary in order to identify trends and take action to prevent, where possible, future occurrences.
- Review health and safety arrangements for use of cryogenic substances.
- Review arrangements to ensure all staff receive regular appraisal.

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 Requires Improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant
- When things went wrong patients were informed as soon as practicable, 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.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. The temperature of vaccine storage fridges was not being monitored adequately; and staff had not taken action to ensure safety of medicines when temperatures had been recorded outside acceptable limits. For example, we saw gaps in temperature recording of one vaccine fridge on thirteen dates; and on two consecutive days the temperature had been recorded outside acceptable range but there was no record of remedial action. We found that not all staff acting as chaperones were able to demonstrate their understanding of the role and not all had a Disclosure and Barring Service (DBS) check. This meant that the practice could not ensure that staff acting as chaperones were suitable.

Are services effective?

The practice is rated as Good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice offered a leg ulcer clinic service through a Federation with other local practices.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were

Summary of findings

supported to receive coordinated care in innovative and efficient ways. For example, patients could access Health Connector Mendip signposting services; tele dermatology services; and diabetic reviews integrated with diabetic retinopathy screening.

Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, 95% of patients said the last GP they spoke to was good at treating them with care and concern compared with the national average of 85%. Feedback from patients about their care and treatment was consistently positive. Patients told us that staff went the extra mile and that the care they received exceeded their expectations.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, we saw that GPs had provided patients with 24 hour phone access and support in order to fulfil their choice to be able to stay at home at the end of their life.
- The practice worked closely with other organisations and with the local community in to promote social, emotional and holistic well-being of patients. For example, staff from the Health Connectors Mendip service attend the practice every week and signposted patients to local support groups and services.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- Staff were committed to working in partnership with patients.
- The Patient Participation Group (PPG) had ensured representation across the range of patient ages and showed us examples of how they had implemented positive change for its patients.
- Information for patients about the services available was easy to understand and accessible. For example, clear, pictorial signage had been installed to assist patients suffering from memory loss.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. For example, the dispensary was supported for one day every week by a clinical commissioning group (CCG) pharmacist.
- There are innovative approaches to providing integrated patient-centred care. For example, the practice uses a tele dermatology service which enables GPs to send photos of skin conditions to a consultant who will respond within 24 hours of receipt.
- The individual needs and preferences of people with a life-limiting progressive condition, including people with a condition other than cancer and people with dementia, were central to their care and treatment. Care delivered was flexible and provided choice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. We saw evidence that, as a result of a patient group suggestion, the practice had improved the signage throughout the building by using clearer, pictorial signs to support people experiencing memory problems. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we found gaps in the arrangements for the safe storage of refrigerated medicines.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. Whilst not all staff had received an up to date appraisal, the practice provided valid reasons for delays and a plan to complete these before the end of 2016.
- 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 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. 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.

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. We saw examples of how the practice had established a system to deliver medicines to patients who were less mobile and a dossette box system for patients who required assistance taking medicines.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 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 provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice participates in Mendip Symphony project; patients at high risk of admission are identified and care plans are agreed with them and their carers.
- The practice maintains a register of patients identified as carers.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to or better than the CCG and national averages. For example 89% of patients with diabetes, had a measured total cholesterol (within the last 12 months) of 5mmol/l or less, compared with the CCG average of 80% and the national average of 81%.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle.

Summary of findings

- The Practice had a private room attached to the waiting room solely for the use of patients, where they could check their blood pressure and weight.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Longer appointments and home visits were available when needed.
- 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, and we saw evidence to confirm this.
- The practice provided support for premature babies and their families following discharge from hospital.
- The practice's uptake for the cervical screening programme was 84%, which was better than the clinical commissioning group (CCG) average of 76% and the national average of 74%.
- 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.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The Dispensary had implemented a 3-way checking procedure for dispensing of medicines to children less than one year old, following a significant event. All medicines were checked by two dispensers and a GP.

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).

Good



Summary of findings

- 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. For example, the practice offers extended hours with early appointments available from 7am one day a week.
- 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.
- The practice had online patient access including repeat prescription requests.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were given priority to same day, 'walk in' appointments to help to meet their needs.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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.

Good



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).

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice specifically considered the physical health needs of people with poor mental health the practice had paced alerts on patient records for patients who had memory problems.

Good



Summary of findings

- The practice had a system for monitoring repeat prescribing for people receiving medicines for mental health needs.
- 92% of patients diagnosed with dementia had a face to face review of their care in the last 12 months compared with the CCG average of 53% and the national average of 84%. Other performance indicators for mental health were also better than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing above local and national averages. 216 survey forms were distributed and 112 were returned. This represented 2% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 91% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Feedback stated that

staff were friendly, caring and respectful. Patients commented that they can always get an appointment in an emergency and that GPs and nurses are dedicated and thorough.

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

The most recent feedback from the Friends & Family Test indicated that over the last twelve months 92% of patients would recommend the practice. Two patients had provided feedback on the NHS Choices website and both gave an overall rating of five out of five stars for this practice.

We saw evidence that the practice had reviewed the latest GP Patient Survey data (July 2016) and planned to make improvements as a result. For example, the practice planned to increase the length of GP appointments from 10 to 15 minutes from November, and had arranged to undertake a patient feedback survey to assess satisfaction.

Mendip Country 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, a CQC assistant inspector, a practice manager specialist adviser and a CQC pharmacist specialist.

Background to Mendip Country Practice

Mendip Country Practice is located in Coleford, near Radstock, Somerset. The practice serves a local, mostly rural population of approximately 5300 patients from the village and surrounding area. The practice participates in the Somerset Practice Quality Scheme (SPQS), instead of QOF, including services under the brand 'Your Health and Wellbeing Mendip'. The practice operates a dispensary on site and participates in the Dispensary Services Quality Scheme (DSQS).

The address is:

Mendip Country Practice

Church St

Coleford

Radstock,

Somerset

BA3 5NQ

There is parking on site, including spaces for patients with a disability and unrestricted parking on adjacent road. The practice has a number of rooms which it makes available to other services, including Health Connections Mendip.

Mendip County Practice has five GPs, four of whom are partners. Between them they provide 31 GP sessions each week and are equivalent to 3.9 whole time employees. Three GPs are female and two are male. A new partner had joined the practice in May 2016; however, we had not yet received the required Application to include the partner in the CQC Registration. The provider was reminded of their responsibility to submit the required registration change application to the Care Quality Commission and this was subsequently received.

There are two practice nurses, whose working hours are equivalent to 1.6 whole time employees (WTE), including a non-medical prescriber who offers seven sessions per week. Two health care assistants are also employed by the practice with combined hours of 1.3 WTE. The GPs and nurses are supported by twenty one management and administrative staff including a practice manager and deputy/IT lead. The practice also employs a clinical prescribing pharmacist for two sessions per week.

The practice's patient population is expanding and has slightly more patients between the age of 40 and 74 years; and slightly less patients between the age of 20 and 39 years than the national averages. Approximately 22% of the patients are over the age of 65 years compared to a national average of 17%.

Approximately 56% of patients have a long standing health condition compared to a national average of 54%. Patient satisfaction scores are high with 93% of patients describing their overall experience at the practice as good compared to a national average of 85%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a

Detailed findings

deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is in line with the national average of 79 and 83 years respectively; and for males, is one year less, than the Clinical Commissioning Group average.

The practice is open between 8am and 6.30pm Monday to Friday, with early access from 6.45am on Tuesdays. Appointments are available from 9am and emergency telephone access is available from 8.30am. Extended hours appointments are offered on Tuesdays, from 7am and the practice also offers telephone consultations. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day.

GP appointments are 10 minutes each in length and appointment sessions are typically 9am until 12pm and 2pm until 6pm. Each consultation session has 18 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching and training practice and three registrar GPs are placed with them at the time of our inspection. The practice also hosts placements for medical students. Four of the GPs are GP trainers and this provides training resilience when one of the training partners is away. The practice has opted out of providing out-of-hours services to their own patients. Patients are directed to this service by the practice outside of normal practice hours. The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 6.30pm daily. Extended hours appointments are offered on Tuesdays from 6.45am.

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 20 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, HCAs, dispensers, receptionists and administrators, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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

Detailed findings

- 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

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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Any medicines incidents or 'near misses' were recorded and this was supported by a standard operating procedure. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. We saw that errors in dispensing medicines that reached patients were recorded and investigated. However, the dispensary had no process for reviewing near-miss errors and as such were unable to identify potential areas for improvement to keep patients safe.

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 policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training 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. However, we found not all staff acting as chaperones were able to demonstrate their understanding of the role and not all had 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). This meant that the practice could not ensure that staff acting as chaperones were suitable in order to keep patients safe. We spoke to the practice who, within 48 hours of the inspection, confirmed they had reviewed their chaperone policy, arranged training for all staff and only staff with a DBS check would act as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep 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. We saw a simple and effective spreadsheet was in use to record medicines reviews and any resulting action.

Are services safe?

- However, we found arrangements for temperature control of vaccine storage were not implemented well enough to keep patients safe. For example, the maximum and minimum temperatures of two fridges used to store vaccines had not been recorded on thirteen dates in the period 6th July to 5th September 2016; and the temperature of one fridge had been recorded as 24°C on two consecutive days in September. The acceptable temperature range for vaccine storage is 2°C to 8°C; and maximum and minimum temperatures should be recorded daily. There was no evidence that staff had taken action to ensure the safety of the medicines contained in the fridge. We spoke to the practice who, within 48 hours of the inspection, confirmed they had taken corrective action including fitting a temperature data logger to each fridge; and provided an updated policy and procedure for the storage of vaccines, including clear guidance to staff on action to be taken if temperatures are not within the acceptable range.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised during training, and had opportunities for continuing learning and development. Dispensary staff showed us a comprehensive and up to date range of standard operating procedures (SOPs) which covered all aspects of the dispensing process (SOPs are written instructions about how to safely dispense medicines). These were up to date and accurately reflected current practice.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- 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 (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice did not have a COSHH risk assessment for the use of cryogenic substances. This should cover, for example, the use, storage, decanting and transport of the liquid nitrogen used by the practice.
- We found that patient records were stored in unlocked shelving units behind the reception desk and were not secure when staff were not present. We spoke to the practice who, within 48 hours of the inspection, provided a risk assessment concluding that

Are services safe?

proportionate security measures were in place to avoid a breach of data protection, such as DBS checks and confidentiality agreements for all staff; and regular presence of practice staff during cleaning hours.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- 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. A first aid kit and accident book were available.
- Emergency medicines were 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. We saw a risk assessment that addressed access to emergency medicines should the emergency box be taken out to a patient by a GP.
- 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Since April 2015 the practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. Prior to 2015 the practice used QOF, a system intended to improve the quality of general practice and reward good practice. We looked at the QOF data for 2014/15. The practice achieved 96% of the total number of points available, which was better than the clinical commissioning group (CCG) average of 80% and the national average of 95%. There was 4.4% exception reporting overall which was better than the CCG average of 6% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was the CCG and national averages. For example, 89% of patients with diabetes, had a measured total cholesterol (within the last 12 months) of 5mmol/l or less, compared with the CCG average of 80% and the national average of 81%.
- Performance for mental health related indicators was better than the CCG and national average. For example,

92% of patients diagnosed with dementia had a face to face review of their care in the last 12 months compared with the CCG average of 53% and the national average of 84%.

- Antibiotic prescribing had been reported in 2015/16 as high, however, we saw evidence that the practice had actively worked to reduce this figure to be comparable to CCG and national rates. The practice had sought Microbiology advice from Bath Hospital and demonstrated that they were actively reducing prescribing.

There was evidence of quality improvement, including clinical audit:

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, we saw evidence of improvements in patients diagnosed with gout through the use of urate reducing medicines.
- Findings were used by the practice to improve services. A GP partner demonstrated his consciousness of medicines optimisation and sits on the CCG prescribing and medicines management group (PAMM).
- We saw evidence that the practice carried out audits to ensure that dispensary stock was well managed as part of the Dispensary Services Quality Scheme (DSQS). For example we saw evidence of audits including accuracy of labelling, uncollected prescriptions and of accuracy of dispensed medicines following installation of Dispense-It software. There was evidence of action taken in response to these audits and they were repeated where necessary to complete the cycle.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice was a training practice and had four GP trainers and three GP registrars placed with them at the time of inspection.

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. A specialist tissue viability nurse visited the practice every week to improve skill and knowledge of the nurses and to actively support the nurses to treat patients during their leg ulcer clinic.

- 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.
- The dispensary team had one member who had an NVQ level 3 and all other dispensers had a NVQ level 2 or equivalent.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. For example, three GPs and the practice nurse had attended RCGP conference.
- We found that not all staff had received an appraisal in the last 12 months. For example, four staff had not had an appraisal in the last twelve months. We spoke to the practice, who within 48 hours of the inspection, provided evidence of valid reasons for delays and a plan to complete all outstanding appraisals by December 2016.
- Staff received training that included: safeguarding, fire safety awareness, and 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 saw that all referrals were peer reviewed and processed in one working day. Pathology results were also processed and reviewed by a GP on the same day that they were received by the practice.

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. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different people, including those who may be vulnerable because of their circumstances.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- 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: and
- Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 84%, which was better than the clinical commissioning group (CCG) average of 76% and the national average of 74%.

Childhood immunisation rates for the vaccinations given were better than national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 96% to 98%, which were above the national standard of 90%; and for five year olds ranged from 91% to 96%, compared with the national averages which ranged from 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, 95% of patients said the last GP they spoke to was good at treating them with care and concern compared with the national average of 85%.

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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if 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.
- The practice implemented suggestions for improvements as a consequence of feedback from patients and from the patient participation group (PPG). For example, as a result of a PPG suggestion, the practice had installed clearer, pictorial based signage to support people who experience confusion or memory issues.

Feedback from patients about their care and treatment was consistently positive. Patients told us that staff went the extra mile and that the care they received exceeded their expectations.

All of the thirty seven patient Care Quality Commission comment cards we received were detailed and 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; and patients felt there was a real vision for improving the practice and were aware of a rolling programme of improvement.

We spoke with four patients including two members of the patient participation group (PPG). They told us they were

satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared with the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the 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 and that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, we saw that GPs had provided patients with 24 hour phone access and support in order to fulfil their choice to be able to stay at home at the end of their life.

Children and young people were treated in an age-appropriate way and recognised as individuals For

Are services caring?

example, we saw that patients registered elsewhere would be provided with sexual health support. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% 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. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them and a hearing loop was fitted in the reception area.
- Information leaflets were available in easy read format.
- The practice had a private room where patients were independently able to check their weight and blood pressure.
- The patient group had increased its membership to include a student and a young parent; in order to be representative of the age range of the practice patient list.
- The patient group routinely published articles in the local magazine informing patients about practice news and available services.

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.

We saw that staff from Mendip Health Connectors attend the practice for 4 hours every week. Within this role they had signposted patients to local groups and services including the British Legion, community transport links and counselling services. This had improved the social, emotional and holistic well-being of patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (2% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support; and the practice proactively contacted patients and carers who had not attended their appointments to check their welfare.

We saw evidence that vulnerable adults were coded to identify them on the practice clinical system; and we saw an example of support to a vulnerable patient, over a safeguarding concern, where staff went the extra mile and care exceeded expectations.

We saw examples where concerned patients had been able to have coils fitted in same day appointments as emergency contraception.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice Understood its population profile and had used this understanding to meet the needs of its population:

- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. For example, the dispensary was supported for one day every week by a clinical commissioning group (CCG) pharmacist.
- There are innovative approaches to providing integrated patient-centred care. For example, the practice uses a tele dermatology service which enables GPs to send photos of skin conditions to a consultant who will respond within 24 hours of receipt.
- The practice offered a 'Commuter's Clinic' on a Tuesday morning from 7am until 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. For example, patients were offered 24 hour phone access and support to fulfil their choice to stay at home at the end of their life.
- Same day appointments were available for children and those patients with medical problems that require same day consultation, staff and patients told us that patients were always offered a same day appointment in an emergency.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice made some reasonable adjustments for patients who struggled to manage their own medicines, for example, the dispensary staff were able to offer dosette boxes for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was safe. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- The practice were able to fit IUDs (coils) on demand as a form of emergency contraception.

Access to the service

The practice was open between 8am and 6.30pm Monday, Wednesday, Thursday and Friday, and between 6.45am and 6.30pm on Tuesday. Appointments were from 8.30am to 12pm every morning and 2pm to 6pm daily. Extended hours appointments were offered on Tuesdays from 7am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available the same day for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 73%.

People told us on the day of the inspection that they were 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.

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?)

- We saw evidence that, as a result of a patient group concern, the practice had improved signage throughout the building by using clearer, pictorial signs to support people suffering from memory problems.
- Its complaints 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 complaints system. However, information was not readily available to help patients understand the complaints system. For example, there

was no poster displayed or summary leaflet available in the waiting area. We spoke to the practice who, within 48 hours of the inspection, confirmed that information had been made available in the waiting area.

We looked at 10 complaints received in the last 12 months and found the practice had a thorough and robust process; complaints were handled promptly, issuing patients with explanations and apologies, where appropriated. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had reinstated their text reminder service after a patient complained as they had missed an appointment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The aims of the practice were published on the website and in a Statement of Purpose. Staff knew and understood the aims that included: 'Our aim is to provide a comprehensive, friendly, professional and personal primary health care service with time to discuss our patients' health care concerns'.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. 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 and nurses had lead roles in key areas, for example the lead practice nurse was the lead for infection control. One GP was the safeguarding lead and another GP was the deputy safeguarding lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, we found that the policy for temperature control of vaccine storage had not been implemented well enough to keep patients safe. For example, there were gaps in recording of temperatures; and no evidence that staff had informed management or taken action when temperatures were recorded outside acceptable limits. We spoke to the practice who, within 48 hours of the inspection, confirmed they had taken corrective action; and provided an updated policy and procedure for the storage of vaccines. We found that the policy for chaperones had not been implemented well enough to keep patients safe. We spoke to the practice who, within 48 hours of the

inspection, confirmed that the chaperone policy had been reviewed, training for all staff had been arranged; and only staff with a DBS check would act as chaperones.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Medicine recalls were distributed and actioned and we saw records that evidenced action.
- We found patient records were not secured to prevent unauthorised access when staff were not present. We discussed this with the practice who provided a risk assessment concluding that proportionate security measures were in place.

Leadership and culture

On the day of inspection the partners 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 partners 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 an apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Good 

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

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 told us the practice held weekly team meetings. GPs and nurses met daily to discuss any current patient issues or concerns and to share examples of best practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every year. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff was involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. For example, the PPG had brought an incident to the attention of the practice manager which involved a patient who had memory issues becoming disorientated when trying to find their way back to reception from a consulting room. As a result the practice manager had used the incident to provide the staff with an opportunity to learn and improve services. All staff now escort patients who have memory issues back to the reception area.

- The practice had gathered feedback from staff through meetings, supervision and appraisals.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice offered innovative services to patients including a leg ulcer clinic service through a Federation with other local practices; Health Connector Mendip signposting services; tele dermatology services; and diabetic reviews integrated with diabetic retinopathy screening. We saw that work by a clinical pharmacist, employed by the practice and who worked with the clinical commissioning group medicines management team had ensured prescribing was in line with best practice guidelines; and audits in the dispensary had improved accuracy of medicines labelling, that increased patient safety.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to:</p> <ul style="list-style-type: none">- ensure the proper and safe management of medicines including arrangements for temperature control of vaccine storage; and- keep people safe by assessing, recording and mitigating risks to ensure staff acting as chaperones were suitable. <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>