

Burnham & Berrow 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?	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

We carried out an announced comprehensive inspection at Burnham & Berrow Medical Centre on 22nd June 2016. 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 and an effective system in place for reporting and recording significant events.
- 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.
- 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 practice had strong and visible clinical and managerial leadership and governance arrangements. For example, staff told us the partners were very accessible, listened to concerns and implemented change process to improve the quality of the service.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had identified 620 patients as carers (nearly 4% of the practice list). The practice had five Carers Champions who provided help and support for the practice's registered carers and provided a link between them and practice's health care professionals.
- Two of the practice's younger members of staff had a role of Young Carers Support leads, in order to better

Summary of findings

engage with young people who may not recognize themselves as a carer. Young Carers had their own information leaflet which were on display in their Young Adults Clinic.

We saw one area of outstanding practice:

- The practice ran a Young Adult Drop-in-Clinic which was provided for 13 to 20 year olds and was not limited to practice patients. The practice understood that many young people may experience anxiety when accessing health services. The clinic made efforts to make sure that it met the needs of the local young people and had had good communication with the local school to ensure students were referred appropriately. Patients could discuss sexual health and also other health or social issues such as, bullying, smoking and diet.

The areas where the provider must make improvement are:

- Patient Group Directions that had been adopted by the practice to allow nurses to administer medicines in line with legislation must be signed by the GP as the appropriate person authorising individual named health professionals to practise under the PGD and/or the named individual health professionals who are to practise under the PGD.

- The temperatures of the fridges that were used to store medicines must be checked daily to ensure that medicines were stored within the appropriate temperature range.
- The practice must identify and record the risks regarding the absence of paediatric defibrillator pads at Berrow Medical Centre and take the necessary actions to manage any identified risks.
- The practice must ensure that blood test results are viewed by a GP in a timely way in order to do all that is reasonably practicable to mitigate the related risks.

The areas where the provider should make improvements are:

- The practice should improve the care planning aspect for patients with mental health needs by incorporating information from the relevant mental health team as well as the activity of the practice.
- The practice must ensure that practice policy recruitment checks had been undertaken prior to employment of new staff.

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 events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy though high dust was an issue at both sites. The provider had been aware of shortfalls with regards to cleaning and had decided to change their cleaning firm and monitored the standard of cleaning and worked with the cleaning firm to improve until the transition.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines though these were not signed by a doctor as the appropriate person authorising individual named health professionals to practise under the PGD.
- Prior to the inspection the temperatures of the fridges that were used to store medicines were monitored but only the actual temperatures were recorded instead of the daily minimum and maximum. The results were also only checked weekly instead of ensuring that medicines were stored within the appropriate temperature range every day. Subsequent to the inspection the provider informed us that they had changed their process with regards to the temperature checks and the recording of measurements to be in line with the requirements.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book was available. We found at Berrow Medical Centre that there were no paediatric defibrillator pads and no risk assessment has been recorded regarding the absence of these pads. The provider commenced a risk assessment regarding the absence of these pads following our inspection.

Summary of findings

- We found the system to review blood test result were not robust enough as it had been identified that some blood test results may have not been seen in a timely way. Following our inspection the provider investigated and also identified blood test results which did not seem to have been viewed by a GP for a number of days. This meant that the practice may have not responded in a timely manner to abnormal test results therefore the relevant risks to patients' health were not kept at a minimum.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Somerset Practices Quality Scheme (SPQS) showed patient outcomes were comparable to the local 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 information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- The practice supported patients to live active and healthy lives by providing information and organised regular Health Promotion Campaigns.

Good



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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect.
- 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.

Good



Summary of findings

- The practice had identified 620 patients as carers (nearly 4% of the practice list). The practice had five Carers Champions who provided help and support for the practice's registered carers and provided a link between them and practice's health care professionals.

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. A number of appointments are available for patients to book online. Routine GP Appointments are available and can be booked up to four weeks in advance which could be face to face or telephone consultations. Urgent appointments were also available the same day.
- The practice had been developing joint annual reviews for patients with long-term conditions which means patients would need to attend one longer appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Extended hours appointments were available both face to face and telephone consultations.
- The practice ran a Young Adult Drop-in Clinic once a week.
- 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 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.

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

Good



Summary of findings

- 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 focus on continuous learning and improvement at all levels.

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.

- The practice had a large older population (almost 30% aged over 65 years) and offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held weekly multidisciplinary team meetings to discuss patients' with palliative care needs and another meeting to discuss Unplanned Hospitals Admissions Care Plans
- The GPs developed care plans for patients at risk of emergency hospital admission.
- A larger than average proportion of patients resided in Nursing and Residential Homes in the area. The Practice provided a regular visiting service to a number of these homes on a weekly basis. These were at regular times with a regular GP to provide continuity of care and treatment.
- The practice worked with neighbouring practices to develop a role in the area to provide extra support for frail isolated elderly patients and patients with long term conditions.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had an in house INR clinic (INR stands for International normalized ratio and is used to determine the clotting rate of blood) led by a Practice Nurses with a named GP available to cover each session for any queries. The practice had named receptionists who were specifically trained to provide the admin support for this service.
- The practice had been developing joint annual reviews for patients with long-term conditions due to the increasing numbers of patients with co-morbidities. Patients benefitted from this approach by having to attend one longer appointment rather than several appointments spread over several weeks.

Good



Summary of findings

- All patients with long-term conditions 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 in place 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 A&E attendances. The Child Protection leads met with the Health Visitor on a weekly basis to discuss children and families of concern.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a Young Adult Drop-in-Clinic which was provided for 13 to 20 year olds and was not limited to practice patients. Patients could discuss sexual health and also other health or social issues such as, bullying, smoking and diet. This service was originally started in 1997 and had achieved NHS Beacon status.
- The Practice operated the C-Card system for Young People. This was a Somerset-wide initiative to promote sexual health in young people by offering free condoms once the young person had been assessed by a Health Care Professional.
- The practice received a “Your Welcome” Award in 2011 and had it renewed recently which indicated it is Young People Friendly. (‘You’re Welcome!’ accreditation is part of an initiative to promote young-people-friendly health services. The aim of the accreditation is to improve acceptability, accessibility, choice and quality of services for young people). The Practice was the first in Somerset to achieve the Gold Standard for this award.
- Self-testing chlamydia kits were available and promoted in practice, particularly during the Young Adult Drop-in-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).

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.
- 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.
- Extended Hours Surgeries were available on most evenings and on second Saturday morning of each month as well as for booked routine telephone consultations. A drop-in Family Planning Clinic from 5.30 until 7pm on the third Wednesday of each month was also held. The practice had Saturday Flu vaccination clinics
- On-line appointment booking via Front Desk were also available. Online Access for requesting repeat prescriptions was available as was viewing medical records
- The practice undertook NHS Health Checks and provided information about healthy living and used the waiting room noticeboard and screen to facilitate this. 91% of patients aged 45 years and over had their blood pressure checked in the last 5 years.

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 regularly worked with other health care professionals in the case management of vulnerable patients and Weekly multidisciplinary team meetings were held to discuss patients' needs
- 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.
- Patients with learning disabilities living in a care home had a named GP who usually either visit on a weekly basis (if the patients were unable to attend the practice), or spoke to the carers on the telephone to discuss any concerns. These patients' homes were visited to give flu immunisations, thereby reducing stress and providing preventative treatment for patients. Annual Learning Disability checks for patients were also undertaken.

Good



Summary of findings

- The practice had identified 620 patients as carers (nearly 4% of the practice list). The practice had five Carers Champions who provided help and support for the practice's registered carers and provided a link between them and practice's health care professionals.
- The practice had patients registered who lived in a residential house for patients with drug or alcohol problems who were being supported to integrate into the community following treatment. The practice communicated (with express patient consent) with the support workers and the pharmacist working with the house to ensure best practice for patients requiring medicines management.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice 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.
- The practice supported a 'Music for the memory' group, which met fortnightly, for patients living with dementia and their carers. The purpose of the group was to encourage gentle exercise and to encourage social interaction through signing along to the music.
- The practice made referrals to the Mulberry Centre at the Berrow health campus, a service which provided a memory clinic and day centre for patients living with dementia. The practice identified the need to improve the care planning aspect for patients living with dementia and was currently reviewing the best way to improve this.
- A health care assistant carried out annual health checks for patients who were on the practice's severe mental health register. The practice was in the process of reviewing how to invite and encourage more patients to attend to improve health outcomes for this group of patients.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 242 survey forms were distributed and 131 were returned. This represented 0.8% of the practice's patient list. Results from the survey showed;

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%. We noted that the practice took actions to improve this figure since these results were published for example increasing the number of telephone lines to take calls.
- 79% of patient stated that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the national average of 76%.
- 79% 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 76%.

- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards; one was positive about the standard of care received and the other person who provided feedback was less complementary about communication within the surgery and staff. We also spoke with five patients and a patient's carer during the inspection. All except one said they were satisfied with the care they received; they were able to get appointments when they needed and thought staff were helpful and caring. The patient who was not satisfied felt the appointment they got was not soon enough.

Burnham & Berrow Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Burnham & Berrow Medical Centre

Burnham Medical Centre was purpose-built in 1987 and is located close to the town centre. There is car parking on site, with disabled parking bays. It has easy access for all disabled patients with ramps at the entrance and wide doors with automatic opening. There are fully equipped toilets for patients with a disability. All consulting rooms are on the ground floor. There is a pharmacy on site, which shares the premises with the medical centre and patients can access this directly from the reception area.

Berrow Medical Centre, known as the branch surgery, opened in May 2011 as part of Berrow Health Campus and also has full disabled access and a pharmacy on site. Some consulting rooms (including minor operations/gynaecology room and recovery room) are located on the first floor. These rooms are accessible by either stairs or lift

The practice's catchment area ranges from Brean Down in the North, through Brean, Berrow, Burnham-on-Sea and Highbridge to the boundary with West Huntspill in the South and Eastwards covers the villages of Brent Knoll and East Brent. The practice also had patients registered who reside at a number of local nursing and care homes and

sheltered accommodations. Burnham-on-Sea and the surrounding area in order to accommodate large tourist numbers with many camping and caravanning sites in the area. The patient list size over 16000 and continues to increase year on year. The practice has lower than national age average patient populations for all age groups from 0 to 44 years of age. The patient population ages from 50 years of age upwards are higher than the national average. A measure of deprivation in the local area recorded a score of 7, on a scale of 1-10. A higher score indicates a less deprived area.

The current staff of the practice includes:

- 4 GP Partners (1 female and 3 males, 3.5 whole time equivalent WTE)
- 4 Salaried GPs (1.98 WTE)
- 1 Management Partner (1 WTE)
- 1 Practice Manager (0.91 WTE)
- 1 Nurse Manager (0.8 WTE)
- 1 Senior Clinical Practice Pharmacist (0.57 WTE)
- 7 Nurses (5.07 WTE)
- 3 HCAs (2.35 WTE)
- 32 Receptionists/Admin/Secretarial (22.49 WTE)

There are regular Locum GPs working whilst the practice continues to recruit as there were vacancies at the practice for 3.71 WTE GPs and 1.8 WTE Practice Nurses. Alternative practitioners, such as a pharmacist and a paramedic had also been recruited who could not undertake the full duties of a GP but could add to the skill-mix of the staff team.

Detailed findings

The practice is open from Monday to Friday (excluding Bank Holidays) as follows:

8am to 8.30am Urgent calls only

8.30 to 6.30pm Both surgeries open (the branch surgery, The Berrow Medical Centre, closes from 12.30 to 1.30pm)

6.30 to 7.30pm Extended Hours (most evenings/variable)

8.30am to 12.45pm Extended Hours (2nd Saturday of each month)

A number of appointments are available for patients to book online. Routine GP Appointments are available over both sites between 8.30 and 12.00pm and again from 2pm until 6.00pm and can be booked up to four weeks in advance. Some appointments are released over the four days before to try to offer shorter waiting times which can be face to face or telephone consultations. Once the same day appointments are booked, patients who feel they need to be seen that day are booked for a telephone triage appointment with the Duty Doctor. The Duty Doctor has appointments reserved (both for themselves and other GPs) that they can book into the same day if the patient needs to be seen face to face once triaged.

Extended hours appointments are available both face to face and telephone consultations. This is mainly aimed at patients who work or are students and who would find it difficult to attend during normal surgery hours but is also available to other patients.

The practice provides a Young Adult drop-in Clinic once a week from 4.00 until 6.30pm. This is staffed by a GP and two Nurses and a dedicated receptionist. The Clinic is available to patients from other practices as well as the practices patients and is funded via an enhanced service.

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 22 June 2016. During our visit we:

- We visited both Burnham Medical Centre and Berrow Medical Centre.
- Spoke with a range of staff including GPs, practice nurses, health care assistants, administrative and reception staff and the practice manager.
- We reviewed written feedback from 15 staff including those we spoke with.
- Spoke with six patients who used the service including members of the patient participation group.
- 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
- 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).

Detailed findings

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 incidents and significant events including reporting to outside stakeholders using Datix where appropriate.

- 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, 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 a thorough analysis of the significant events.

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. For example, a patient attended a hospital appointment and the practice received a clinical letter containing multiple diagnoses which did not tally with the patient's medical record. It was queried and found that the hospital letter's text related to another patient. A corrected clinical letter was resent to the practice. This issue was highlighted to the hospital as the practice had experienced this type of incident on a number of occasions. The practice escalated their concerns to the relevant clinical commissioning group (CCG) and the NHS trust to raise awareness to prevent from reoccurrence and to ensure lessons learnt were shared.

Within another significant event we also saw that a patient had been prescribed the wrong medicine by the practice for over a year which had been identified by a consultant upon the patient's discharge from hospital. It appeared there had been no consequences to the patient as a result of the medication error. Following notification of the incident the practice had followed correct processes,

apologised for the medication error and noted that the medicine had been updated correctly on the patient's medical record. The CCG had been notified about the incident for learning outside of the practice. As part of the review of this significant event all GPs were warned to double check all medicine on hospital discharges. At the time of the incident the practice was already looking to employ a clinical pharmacist within the practice. This role would include work with the GPs to ensure correct medicine reconciliation takes place from the hospital discharge letters in order aid the prevention of a similar occurrence in the future.

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. The practice had adopted a safeguarding policy that had been recommended by the clinical commissioning group (CCG). The safeguarding policy was accessible through the practice's intranet which was also available to locum GPs. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were three lead members of staff for the promotion and prevention of safeguarding. Alerts were used on patient records to highlight vulnerable children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs and clinical staff demonstrated they understood their responsibilities and had received training on safeguarding children level 3 and vulnerable adults in the last three years.
- A notice at the reception area 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 though high dust was an issue at both

Are services safe?

sites. The provider had been aware of shortfalls with regards to cleaning and was in the process to change their cleaning agency and monitored the standard of cleaning to improve standards during the transition although dust was still an issue. The nurse manager was the infection control clinical lead and had delegated some of the work to one of the practice nurses. There was an infection control protocol in place and staff had received relevant training. Annual infection control audits were undertaken and we saw evidence that an action plan was created to address any identified issues.

- 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 employed a clinical pharmacist who had a GP supervisor. Regular medication reviews and audits had been carried to ensure prescribing was in line with best practice guidelines for safe prescribing. 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 though these were not signed by a doctor as the appropriate person authorising individual named health professionals to practise under the PGD. This was due to advice from the local clinical commissioning group (CCG). The provider informed us following our inspection that further advice was sought and a GP from the practice had signed all current PGDs.
- Prior to the inspection the temperatures of the fridges that were used to store medicines were monitored but only the actual temperatures were recorded instead of the daily minimum and maximum. The results were also only checked weekly instead of ensuring that medicines were stored within the appropriate temperature range every day. Subsequent to the inspection the provider informed us that they had changed their process with regards to the temperature checks and the recording of measurements to be in line with the requirements.
- 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. There were also arrangements in place for the destruction of controlled drugs.

- 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 Disclosure and Barring Service. Though in one case we found that only one reference had been received instead of the two that were requested prior to the employment of that member of the staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- We found the system to review blood test result were not robust enough as it had been identified that some blood test results may have not been seen in a timely way. Following our inspection the provider investigated and also identified blood test results which did not seem to have been viewed by a GP for a number of days. This meant that the practice may have not responded in a timely manner to abnormal test results therefore the relevant risks to patients' health were not kept at a minimum. The GPs had already planned a meeting to review how they covered each other when a GP is away. A protocol was being developed to ensure test results were reviewed in a timely manner.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments, fire alarms and other equipment were checked regularly and regular fire drills were carried out. 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.
- We found that general electrical equipment was last checked to ensure it was safe to use in 2011 and visual inspections have been carried out since then. However all medical equipment had been PAT tested and calibrated annually as part of the maintenance and calibration contract.

Are services safe?

- All clinical equipment was checked to ensure it was working properly.

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.
- The whole practice team jointly undertook resuscitation training (on an annual basis for clinical staff and three yearly for clerical staff) and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book was available. We found at Berrow Medical Centre that there were no paediatric defibrillator pads and no risk assessment has been recorded regarding the absence of these pads. The

provider completed a risk assessment regarding the absence of these pads following our inspection. The risk assessment had shown that infant pads were not necessary for use at Burnham and Berrow Medical Centre as adult pads can be used in extreme circumstances.

- The practice had all the equipment and medicines to manage acute medical emergencies and had a system and team of staff if an emergency situation occurred. 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.
- Resilience in the face of major disruption was supported by the practice being on two sites and a web based patient record management system.
- 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 when new guidance was issued by NICE regarding menopause, it was read and an educational talk from a lead in the area was attended. Following this the practitioner felt more confident and empowered about providing the relevant therapy.
- NICE guidance had been discussed at monthly educational meetings and the practice had also invited consultants in these meetings including respiratory and gastroenterology specialists.

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). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. The practice continues to monitor the same quality of support and care as the national quality and outcomes framework, QOF. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 63% of the total number of points available. We looked at the QOF data in comparison to the local average due to performance was also monitored through SPQS. Data from 2014-2015 showed:

- Performance for diabetes related indicators similar to the local average.
- 81% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, which was similar to the clinical commissioning group (CCG) average of 81%.

- 80% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months was 5 mmol/l or less, which was comparable to the clinical commissioning group (CCG) average of 80%.
- Performance for mental health related indicators was similar to the national average.
- 66% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 60%.
- 19% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 53%. We noted that patients with mental health needs, including those with dementia, had completed Care Plans but these were not comprehensive standalone documents. We found that this issue had been identified by the practice and improvements were in progress.

The practice had a lead administrator for QOF and particular clinical domains were looked at by an individual GP or nurse. Those patients with outstanding reviews were identified to the GPs towards the end of the QOF year.

There was evidence of quality improvement including clinical audit.

- There had been various clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. For example, an audit on minor operations, an audit on the outcomes and impact for patients prescribed oestrogen only hormone replacement therapy and an audit on the quality of cervical screening test results.
- The practice informed us that they undertook practice wide audit to provide quality assurance. An example of this was checking that appropriate monitoring of kidney function had been undertaken for patients taking particular medicines where this additional monitoring had been recommended.
- Findings were used by the practice to improve services. For example, recent action had been taken as a result of the minor operations audit; actions included putting a protocol in place so that patients whose specimen results were showing as having not been actioned for

Are services effective?

(for example, treatment is effective)

next steps were then highlighted up by the administration team for the attention of the GP. Improvements were made to the process to check that patients' test results were reviewed by the GP.

Effective staffing

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

- The learning needs of staff were identified through a system of appraisals and meetings throughout the year. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice arranged in-house training by closing in the afternoon on the second Tuesday of each month. Ongoing support and facilitation for revalidating nurses and GPs were also provided. The Nurse Manager had recently qualified to carry out nursing revalidation and completed in-house revalidations. All staff had received an appraisal within the last 12 months.
- The practice had an induction programme for all newly appointed staff. This covered areas such as familiarising with new staff with practice policies including fire safety, health and safety and patient confidentiality.
- We spoke with a salaried GP who said the partners were accommodating and that they had been subject to appraisal and mentoring until they had become more established in their post.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, training regarding diabetes management, respiratory training, ear care and wound management. Staff administering vaccines and taking samples for the cervical screening programme had received specific training and had undergone annual updates.
- Staff received training that included: safeguarding, fire safety awareness and basic life support and information governance. Staff we spoke with felt confident about their roles and said they had received the training they needed in line with the roles and responsibilities of their post.
- The practice had been relying on locum GP's while there were vacancies for permanent positions.

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.

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. The practice had in place a system to ensure that records for those patients with specialist medical needs were uploaded to the out of hours GP records service. We were informed that GPs worked with health visitors, midwives and district nurses as part of a multidisciplinary team, to ensure effective communication and continuity of patient care. Meetings took place with other health care professionals on a regular basis; care plans were routinely reviewed and updated for patients with complex needs. This included:

- Weekly Palliative Care meetings with a GP, the District Nurse and Palliative Care Nurse Teams.
- Weekly meeting with a Health Visitor to discuss vulnerable children.
- Monthly meetings with a GP, District Nurse, Nurse Manager, Management Partner to review patient with Avoiding Unplanned Admissions to hospital care plans

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The GPs completed written consent forms with patients for certain procedures or recorded the patients consent on a template within their electronic patient record management system.

- 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.

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

The practice supported patients to live active and healthy lives by providing information through a noticeboard and patient information screens as well as leaflets and online resources. The practice had organised Health Promotion Campaigns every two months which covered areas such as NHS Health Checks, cervical screening, flu, shingles and asthma. Patients had been identified who may be in need of extra support, such as a dietician who was available on the premises, smoking cessation advice was available from a local support group and [patients were signposted to this service.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the clinical commissioning group (CCG) average of 81% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 71% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the

CCG average of 75% and the national average of 72%. 60% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 78% to 98% and five year olds from 91% to 99%.

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

The practice also provided an in-house phlebotomy service, in order that patients did not have to travel to the hospital for blood tests. Under the Enhanced Service pre and post operation care was also provided again to avoid patients travelling to hospital to have these procedures undertaken.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous, 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards; one was positive about the standard of care received and the other patient feedback was less favourable. We also spoke with five patients and a patient's carer during the inspection. All except one patient said they were satisfied with the care they received; they were able to get an appointment when they needed and thought staff were helpful and caring. The one who was not satisfied was felt their appointment was not timely enough.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they had a good relationship with the practice which had improved in the last two years. They felt they were listened to and improvements were made following their suggestions. For example rearranging the furniture in the waiting area to better suit the mobility needs of patients.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 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%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The percentage of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they prefer was below average. It was 21% compared to the CCG average of 43% and the national average of 36%. We noted that the practice made on-going improvements to improve the access and availability of their GP appointments for example increasing the number of telephone lines to take calls.

Care planning and involvement in decisions about care and treatment

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to 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 to 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 620 patients as carers (nearly 4% of the practice list). The practice had five Carers Champions whose role had been developed over the last five years. They provided help and support for the practice's registered carers by signposting them to the relevant organizations that can help a carer in need and also provided a link between them and practice's health

care professionals. Two of the practice's younger members of staff had a role of Young Carers Support leads, in order to better engage with young people who may not recognize themselves as a carer. Young Carers had their own information leaflet which were on display in their Young Adults Clinic. The practice also provided further information to carers through their own Carers Packs and the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- A number of appointments were available for patients to book online. Routine GP Appointments were available over both sites between 8.30-12.00pm and again from 2.00-6.00pm and can be booked up to 4 weeks in advance. Some appointments are released over the 4 days before to try to offer shorter waiting times which can be face to face or telephone consultations. Once the same day appointments are booked, patients who feel they need to be seen that day are booked for a telephone triage appointment with the Duty Doctor. The Duty Doctor has appointments reserved (both for themselves and other GPs) that they can book appointments for the same day if the patient needs to be seen face to face.
- The practice had been developing joint annual reviews for patients with long-term conditions due to the increasing numbers of patients with co-morbidities. This means patient would be offered a longer appointment.
- Both sites of the practice used to be closed during the lunchtime period but the Burnham site is now open for this time period due to feedback from patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice was in the process of employing a paramedic (primary care practitioner) to help with urgent home visits, minor illness and care planning.
- Extended hours appointments were available for both face to face and telephone consultations. This was mainly aimed at patients who work or are students and who would find it difficult to attend during normal surgery hours. Extended Hours appointments are with GPs, Long Term Condition nurses, Health Care Assistants (HCAs) and the Pharmacist.
- The Practice Nurses and HCAs between them cover appointments from 8.30 to 12.30pm and again from 1.30 to 6.30pm. These appointments vary in length depending on the appointment type, but include various clinics, treatments and tests.

- The practice ran a Young Adult Drop-in Clinic once a week from 4.00 to 6.30pm. This was staffed by a GP and two Nurses and a dedicated receptionist. The Clinic was available to patients from other Practices as well and was funded via an Enhanced Service. This service was originally started in 1997 and had achieved NHS Beacon status. The practice then received the Somerset-wide Gold Respect award for young-people friendly services in 2006. The practice also received a "Your Welcome" Award in 2011 and had it renewed recently which indicates it is Young People Friendly. The practice also understood that young patients were engaging with healthcare at a young age and were taking responsibility for their own health in a preventive manner, rather than just attending with a parent when they run into problems. The practice hoped that by showing they were a young person friendly service, patients would also feel able to contact the surgery outside of clinic hours, should they need us. The practice experienced that many young people were happy to approach the reception desk during normal surgery hours if they needed help and support.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from Monday to Friday (excluding Bank Holidays) from 8.00am to 8.30am for urgent calls only, from 8.30 to 6.30pm both surgeries open. Berrow Medical Centre closed from 12.30 to 1.30pm. Extended Hours were provided between 6.30pm and 7.30pm on most evenings and 8.30am to 12.45pm on the second Saturday of each month.

On-line appointment booking repeat prescriptions requesting, viewing medical records were available for patients. A repeat prescription request service is available via a secure email service from the practice website as well.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone compared to the national average of

Are services responsive to people's needs?

(for example, to feedback?)

73%. We noted that the practice had taken actions to improve this figure since these results were published for example increasing the number of telephone lines to take calls.

All patients except one told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- 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, leaflet about the complaint process were available in the waiting room.

We looked at summaries of over 40 complaints received from January 2015 to June 2016. We looked at a selection of these complaints in detail and found these were investigated thoroughly, handled timely and satisfactorily. The practice demonstrated openness and transparency with dealing with the complaints. The outcome of the investigations was communicated to the person who made the complaint and an explanation was provided where it was necessary. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example relevant training was provided at staff meeting and patients were discussed at clinical meetings. Processes in need of improvement had also been identified and reviewed as part of responses to complaints.

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 practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- Practice specific policies were implemented and were available to all staff.
- Not all governance arrangements had ensured that improvements were identified such as in relation to medicine fridges, vaccine administration (GP signature on PGDs) and how blood test results were monitored.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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, valued the staff and staff had confidence in them.

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.

- Staff told us the practice held regular team meetings.
- 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 annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were 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, rearranging the furniture in the waiting area to better suit the mobility needs of patients. The practice's both sites used to be closed during the lunchtime period but one site has been kept open for this period due to feedback from patients.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had listened to staff feedback and started to send text

Are services well-led?

Good 

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

reminders to patients regarding their appointments to reduce the number of non-attendance, they had also changed the appointment system and amended policies to improve services. 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

was enthusiastic about training the staff of the future and was a GP Training Practice helping with the training of Medical Students. The practice was looking to be involved in the training of Practice Nurses going forward.

The practice employed Administration Apprentices and trained them in all aspects of the receptionist role. 100% of the apprentices who have trained with the practice had obtained permanent positions.

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>Patient Group Directions (PGD) that had been adopted by the practice to allow nurses to administer medicines were not signed by a doctor as the appropriate person authorising individual named health professionals to practise under the PGD.</p> <p>The temperatures of the fridges that were used to store medicines were not checked daily to ensure that medicines were stored within the appropriate temperature range.</p> <p>The practice did not ensure that all blood test results were viewed by a GP in a timely way in order to do all that is reasonably practicable to mitigate the related risks.</p> <p>The practice did not identify and record the risks regarding the absence of paediatric defibrillator pads at Berrow Medical Centre in order to take the necessary actions to manage any identified risks.</p> <p>This was in breach of regulation 12(1)</p>