

# Edington Surgery

## Quality Report

Edington Surgery,  
Broadway,  
Edington,  
Bridgwater,  
Somerset  
TA7 9HA  
Tel: 01278 722077  
Website: [www.poldenmp.nhs.uk](http://www.poldenmp.nhs.uk)

Date of inspection visit: 12 November 2014  
Date of publication: 30/04/2015

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	6
Areas for improvement	6
Outstanding practice	6

### Detailed findings from this inspection

Our inspection team	7
Background to Edington Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9
Action we have told the provider to take	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection on 12 November 2014. As part of the inspection we visited both the Edington Surgery, also known as the Polden Medical Practice and the newly opened branch surgery in Woolavington.

Overall the services are rated as good. This is because we found both practices to be good for providing an effective, caring, responsive and well-led service. They were also good for providing services for the older patients, patients with long term conditions, patients who were working or newly retired including students, mothers babies and young patients, patients with poor mental health and patients whose circumstances make them vulnerable. It required improvement for providing safe services.

Our key findings were as follows:

- There were good systems in place to ensure patients safety such as infection control arrangements and the management and dispensing of medicines.

- The practice had sufficient staff to meet patient's needs and worked collaboratively with other services to ensure their healthcare was good.
- Patients were treated with kindness and respect and the practice offered good support to patients who had caring responsibilities.
- The practice was committed to providing patients good opportunities to see a GP at a time that suited them and listened to what patients had to say about the service.
- Staff had opportunities for training and development and were supported by a good leadership team that included the partner GPs and practice manager.

We saw several areas of outstanding practice including:

- The practice had implemented the Somerset house of Care Record to empower patients by giving them test results in advance of appointments. This enabled them to consider treatment options in advance of their appointment.

# Summary of findings

- The practice manager was a volunteer 'Community First Responder' for the ambulance service and was working with the patient participation group (PPG) to recruit more volunteers to work in the communities served by the practice. First Responders were volunteers asked by the Ambulance Communications Centre to attend medical emergencies in their area.
- Patients with skin conditions were able to get early diagnosis of their condition. The GP who provided dermatology services linked with a consultant at the hospital and used 'tele-dermatology' to send photographs of skin conditions to the consultant in advance of referral for specialist consultation. This made the treatment of skin conditions more effective as treatment could be carried out more quickly.
- Patients with long term conditions and older patients were given emergency information 'pot' donated by a

charity. This enabled patients to record information about their condition and medicines for in the event of an emergency. The pots were widely recognised by emergency services and helped give information if patients were unable to do so.

**However, there were also areas of practice where the provider needs to make improvements.**

**Importantly the provider must:**

- Keep blank hand written prescription forms in accordance with national guidance as these were not tracked through the practice or kept securely at all times

**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. The practice responded to patient safety alerts and there was learning from when significant events took place. There were good systems in place for the safety of children and vulnerable adults and staff were aware of their responsibility to respond to suspicions of abuse. The practice dispensed medicines to its patients and these arrangements were safe. Arrangements were in place to ensure the practice surgeries were clean and risk of infection was minimised. Equipment was available and maintained to ensure it functioned safely. We found the practice used most NHS standards for the recruitment of staff. There were arrangements in place to arrange criminal records checks for all staff as these had not been carried out. The practice was able to respond to medical emergencies.

However, the practice did not keep blank hand written prescription forms in accordance with national guidance as these were not tracked through the practice or kept securely at all times

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and kept under review. When patients had long term conditions these were monitored. There were sufficient staff to meet the needs of patients and the practice was committed to ensuring additional staffing was in place before the number of registered patients grew in size. The practice worked well with other services and there were good communication systems. Staff had an understanding of the significance of mental capacity and what to do if patients were unable to make informed decisions. The practice made information available for patients to help them understand health conditions and to support their independence.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients were treated with respect and information about them was treated confidentially. They were involved in decisions about their treatment and patients with long term conditions had a treatment plan recorded. The practice maintained a register of patients who had caring responsibilities so that the GP could take this into

Good



# Summary of findings

consideration when consulting with the patient. The practice had a carer's champion who lends support to carers. When patients were nearing the end of their life, the practice worked with the local hospice to ensure the patient and family members were supported.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. There was good access to the surgery at Edington and the opening of the new Polden Medical Practice, Woolavington surgery will benefit patients who live in the surrounding area. The practice had extended opening hours and was committed to seeing patients at times suitable for them. It reached out to hard to reach groups and proactively tried to encourage them to register. The practice had an active patient participation group. It valued and responded to its patient satisfaction survey and conducted the friends and family test to gauge patients' views. When patients made complaints they were treated seriously, investigated and responded to.

Good



## Are services well-led?

The practice is rated as good for being well led. It had a clear mission statement and was committed to meeting the objectives they had set. The management structure was clear and there were channels for communication between the various teams of staff. The GP partners and practice manager meet regularly and had an open door policy. Staff were supervised and had received annual appraisals. The practice demonstrated a commitment to staff development through training and new learning opportunities.

Good



# Summary of findings

## What people who use the service say

We spoke with 11 patients who told us they felt they were well looked after. One patient said they had to wait for an appointment but otherwise the practice met their needs. Another patient told us they phoned at lunch time that day and were able to have an afternoon appointment. Others told us they were able to get same day appointments. A group of three patients sat together in one of the waiting rooms told us everything was fine with the practice with one saying the personal approach of practice staff was important. The others agreed.

Patients we spoke with said they would recommend the practice to families and friends.

We spoke with a mother about her attendance at the mother and baby clinic. They told us they were not registered with Polden Medical Practice, Edington surgery but could still attend. They said it gave them peace of mind, knowing their baby's health was being monitored.

We sent comment cards to the practice in advance of our visit for patients to complete. The cards asked patients to tell us what they thought about the service, whether 'good' or 'bad'. There were five cards completed. All of the patients were positive about the practice although one patient did say they had found it difficult to access the practice by telephone.

We looked at the results for the national patient survey and the practice annual survey for 2013/2014 and saw generally positive results.

## Areas for improvement

### Action the service MUST take to improve

The provider must keep blank hand written prescription forms in accordance with national guidance as these were not tracked through the practice or kept securely at all times.

## Outstanding practice

The practice had implemented the Somerset house of Care Record to empower patients by giving them test results in advance of appointments. This enabled them to consider treatment options in advance of their appointment.

The practice manager was a volunteer 'Community First Responder' for the ambulance service and was working with the patient participation group (PPG) to recruit more volunteers to work in the communities served by the practice. First Responders were volunteers asked by the Ambulance Communications Centre to attend medical emergencies in their area.

Patients with skin conditions were able to get early diagnosis of their condition. The GP who provided

dermatology services linked with a consultant at the hospital and used 'tele-dermatology' to send photographs of skin conditions to the consultant in advance of referral for specialist consultation. This made the treatment of skin conditions more effective as treatment could be carried out more quickly.

Patients with long term conditions and older patients were given an emergency information 'pot' donated by a charity. This enabled patients to record information about their condition and medicines for in the event of an emergency. The pots were widely recognised by emergency services and helped give information if patients were unable to do so.

# Edington Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of the CQC lead inspector, a CQC medicines management inspector, with pharmacy experience and a GP.

## Background to Edington Surgery

The Polden Medical Practice comprises of two surgeries. The main surgery is in Quarry Ground in Edington and there is a branch surgery at Woolavington. There has historically been a branch surgery in Woolavington in domestic premises however, the week before our inspection it moved into new purpose built premises.

The Edington surgery is in Broadway, Edington, Bridgwater, Somerset, TA7 9HA. The Woolavington branch surgery is in Woolavington Road, Woolavington, Somerset, TA7 8ED.

The new Woolavington surgery is set over one floor. It is fully accessible with wide corridors, disabled toilet and baby changing facilities. There is a spacious waiting area with reception desk and separate access to the on-site dispensary.

The practice leaflet for the Woolavington Surgery stated that the additional accommodation at the surgery would enable the practice to arrange for a variety of other services such as chiropody/podiatry, chiropractor, acupuncture and paediatric, cardiology and respiratory consultants. The leaflet also stated the practice hoped to have organisations such as Age Concern, Citizens Advice Bureau and the Department of Work and Pensions available at the surgery at certain times.

The Edington surgery is set over one floor and has level access. It too, has an on-site dispensary with separate access to the reception area. There are two waiting areas and patients are directed to the one closest to the consultation or treatment their appointment is in.

The practice held a General Medical Services contract and enhanced service specifications with the NHS England local area team. Enhanced services were in addition to the usual services available from a GP, such as, services for those with poor mental health, such as dementia and frail older patients with end of life care needs.

The practice patient list was just over 7,000 patients. Most of the patients registered with the practice were of working age however most of the work carried out by the GPs was with older patients, over 65 years of age. The percentage of patients over 65 years was higher than the Somerset Clinical Commissioning Group average and above the average for England.

There were four GP partners and two salaried GPs who worked part time. The practice employed a practice manager and administrative support staff along with nurses, healthcare assistants and dispensing staff. The practice was involved in the training of GPs.

The practice has chosen not to provide out of hours services and has contracted with another provider for this.

## 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. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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.

This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

We visited the surgeries at Woolavington and Edington on 12 November 2014. We spoke with four GPs, the practice manager, four nurses, four dispensing staff and four administration staff. We also spoke with the health visitor and visiting staff from the hospice and community nursing team. We spoke with 11 patients attending for appointments and reviewed six comments cards patients had completed.

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We consulted the Somerset Clinical Commissioning Group and NHS England Local Area Team and met with the local Healthwatch.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. Any patient safety alerts that were sent to the practice were received by the practice manager who circulated them to the relevant practitioners. In their absence the practice manager's personal assistant ensured this happened so they were looked at and responded to as soon as possible.

Medicines recalls were received in the dispensary via two separate communication routes and acted on by dispensary staff, who also recorded the actions taken.

The practice participated in the Dispensing Services Quality Scheme (DSQS). Dispensing errors identified at the final checking stage or after collection were recorded, investigated, discussed and systems changed to reduce the risk of further errors.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Significant events were analysed and recorded on paper and electronically. The GPs and nursing staff met at least monthly to discuss events and ad hoc meetings were held with administrative staff if there was learning for them. Learning from significant events was cascaded through the staff team in meetings and in emails.

One member of staff we spoke with described how they would report significant events. They told us if a significant event occurred involving a patient they would record the event in the patient's notes and report it to the duty GP. They said they would complete a significant event form and knew it would be discussed at the practice 'clinical' meeting. They said they knew they would be given feedback after the event had been analysed.

We spoke with one of the GPs who told us about a recent significant event. They showed us the pro-forma where the event had been recorded and told us how the event had been discussed with agreed actions and date for completion. Another GP showed us a significant event form that clearly described the discussions held and actions to be taken in response to an unexpected cardiac arrest. One of the GPs told us the actions arising from significant events were led by the GP or nurse who had reported the event.

The practice manager told us they were developing a system with Somerset Clinical Commissioning Group (CCG) to enable significant event information and analysis to be available to the CCG, electronically.

The accident book recorded information about the person who suffered the accident, who was completing the record and what happened. We saw staff signed and dated the record.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. The practice policies and procedures were in line with the Somerset Clinical Commissioning Group (CCG) protocols and included a flow chart for responding to suspicions or allegations of abuse of children and vulnerable adults. We saw the practice had details of contacts for the local authority and CCG for when reporting. The policies were linked to the Royal College of GPs safeguarding 'tool kit' to ensure the practice used up to date methods for recording and reporting safeguarding concerns.

One of the GPs took a lead within the practice for safeguarding vulnerable adults and child protection and was trained to Level 3, as required. Staff received training in safeguarding vulnerable adults and child protection every year.

We saw the contact details for making referrals when abuse was suspected or known, displayed in each surgery. One of the staff we spoke with told us they would report concerns to their manager. However, they were not sure of who was the practice lead person for safeguarding.

The practice maintained a register of 'patients at risk'. The register was maintained to record sensitive information that could not be kept in the patient's medical record. As the register was 'electronic', it provided the facility to link family members.

We were told about concerns expressed by one of the admin team. The practice acted responsibly to the concerns and reported to the Somerset Clinical Commissioning Group (CCG) safeguarding team. The CCG investigated the concerns and reported back that there was no case to pursue. The practice was pleased with the way

## Are services safe?

they had acted on this occasion. The GP lead for safeguarding told us about recent training provided for all staff by the CCG and how this had increased staff awareness.

We spoke with staff who demonstrated a clear understanding of safeguarding issues and the process for reporting concerns of abuse to children or vulnerable adults. A health visitor explained how they discussed any child protection concerns with the GPs.

There were leaflets in the waiting rooms to inform patients about what they could do if they suspect a child or vulnerable adult was being abused or neglected. The leaflets described who was a vulnerable adult and what was meant by abuse. The leaflet also provided details to enable patients to contact the appropriate external authority. The leaflet relating to child abuse provided similar information including a statement that a child was anyone aged under 18.

The whistle blowing policy was included in the staff hand book. It described the practice policy and provided information to staff on the procedure they should follow if they wanted to raise an anonymous/confidential concern. A member of staff described the whistle blowing policy and understood how important it was to report concerning behaviour of colleagues. Other staff confirmed they would not hesitate to whistle blow.

We saw the chaperone policy was displayed in the waiting rooms. The policy explained that any patient could request a chaperone to be present to protect them and the GP. There were guidelines for staff who acted as chaperone including details of who could perform the role, their competencies and considerations to be taken.

There was a notice in the waiting area explaining the practice had zero tolerance to aggression.

### Medicines management

We spoke with one of the dispensary staff who told us as part of their duties they ensured the medicines GPs carried with them were in date. A GP told us they carried medicines with them on visits and showed us the checklist to indicate they were checked.

We checked medicines stored in the dispensaries and medicine refrigerators and found they were stored securely. Practice staff monitored the refrigerator storage temperatures and appropriate actions were taken when the temperatures were outside the recommended ranges.

Processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking and rotating short dated stock. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using Patient Group Directions that had been produced in line with national guidance and we saw Patient Group Directions were up to date. There were also appropriate arrangements in place for the nurses to administer medicines that had been prescribed and dispensed for patients.

Staff explained how the repeat prescribing system was operated. For example, how staff generated prescriptions, monitored for over and under use and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. Staff told us that high risk medicines were not "on repeat" and when requested, a GP would generate the prescription, if appropriate. One GP had a system for recording medicines prescribed by others for example "hospital only" or purchased over the counter, which was linked to their prescribing system and therefore provided a prescribing overview.

All prescriptions were reviewed and signed by a GP before medicines were given to the patient. Blank hand written prescription forms were not handled in accordance with national guidance as these were not tracked through the practice or kept securely at all times.

The practice held stocks of controlled drugs (CD) (medicines that require extra checks and special storage arrangements because of their potential for misuse). For example, controlled drugs were stored in dedicated cupboards or safes, access to them was restricted and the keys held securely; however on one site the CD cupboard also contained non-CD medicines. Records were kept of

# Are services safe?

who had collected the controlled drugs and when they were transferred to the other dispensary for collection. There were arrangements in place for the destruction of controlled drugs.

The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

The practice had established a service for patients to pick up their dispensed prescriptions at the Edington surgery and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure patients collecting medicines from these locations were given all the relevant information they required. Medicines requiring refrigeration and controlled drugs were not supplied via this route.

## Cleanliness and infection control

We saw the practice infection control policy was concerned with environmental cleanliness, equipment decontamination, waste disposal and spillage. It put all aspects of infection control in relation to the health and safety of patients, staff and visitors and included information relating to hand washing, surgical hand disinfection and the reporting of incidents.

One of the nurses took a lead role in infection control. We saw they had carried out audits of the two surgeries. The Woolavington surgery was deemed to be compliant and there were actions identified for the Edington surgery. Actions were being addressed and monitored at the Edington surgery.

## Equipment

We saw all equipment including, blood pressure monitors, thermometers, scales and the hand held ultrasound machine were calibrated on 21 February 2014 to ensure they were functioning properly. Portable appliance testing was carried out as required.

## Staffing and recruitment

The recruitment policy set out the process to be followed in the recruitment of new staff. It stated the practice would select the 'best person for the job' by investing time in the recruitment process. It also declared that the practice would ensure the process was free from discrimination and follow the principles and ethos of the Equality Act 2010.

The practice carried out employment checks following standards produced by the NHS and to meet the regulations. These included verification of identity and right to work, professional registration and qualification, employment history and occupational health check. We looked at seven staff recruitment files. They showed staff had been selected based on the information included in their curriculum vitae (CV) and following interview. There were records of interview responses kept and two written references were obtained along with the NHS standards checks.

However, we saw the practice had failed to conduct criminal background checks to ensure all staff were suitable for their role as listed among the NHS standards checks. We saw an exchange of emails to show the practice manager had made arrangements to remedy this and checks were being carried out with the disclosure and barring service (DBS). There was evidence of identity on each of the files we looked at and each member of staff was issued a statement of terms and conditions of their employment with the practice.

## Monitoring safety and responding to risk

Appropriate emergency medicines were available in secure areas of the practice and "doctors bags", all staff knew of the locations. Processes were also in place to check emergency medicines were within their expiry date and suitable for use.

The procedure for action to be taken in the event of fire was displayed. We saw records to show the fire alarm was tested on a weekly basis and portable fire fighting equipment was checked monthly. One of the staff told they had been part of a fire drill and said the drill was effective. We saw staff attended training in relation to fire safety.

The practice alarm system was relayed to a call centre where a list of key holders was held. If the alarm was activated for any reason a member of staff from the list would be contacted.

## Arrangements to deal with emergencies and major incidents

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

The practice had an 'emergency shelf' where all policies, procedures and some equipment were kept. This included kits for dealing with mercury spillage and bodily fluids

## Are services safe?

spillage. In addition there was personal protective equipment for infectious disease management and emergency documents, including the practice disaster recovery plan.

We saw the practice had an automated external defibrillator, oxygen and medicines. The medicines and equipment were checked weekly.

One of the GPs told us of a situation in which a patient was resuscitated whilst in the waiting room. The equipment was readily to hand and staff were able to respond appropriately.

The practice manager was a volunteer 'Community First Responder' for the ambulance service and was working with the patient participation group (PPG) to recruit more

volunteers to work in the communities served by the practice. **First Responders** were volunteers asked by the Ambulance Communications Centre to attend medical emergencies in their area.

One of the GPs told us about a recent occasion when the practice coped when they were short of staff. This was due to circumstances beyond their control. They said the team had discussed the situation and engaged a locum GP to ensure patients' needs were met. The GP said there was guidance for covering absences.

When the Woolavington surgery was opened the practice found there to be problems with the internet connection in order not to impact on patients appointments were transferred back to Edington until this was resolved.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had access to clinical guidelines through the Somerset Clinical Commissioning group 'Navigator' computer application. This enabled the practice to keep up to date with local interpretation of national guidance and guidelines, access forms and look at referral pathways.

Any new guidelines were circulated to all of the GPs in the practice. They each reviewed them and brought their observations to the weekly clinical meeting.

The four GP partners each had special interests. The senior partner took responsibility for the financial viability of the practice and dispensing arrangements. One GP led on training of new GPs and provided dermatology services. Another GP had a particular interest in female health. The GP who led on safeguarding children and vulnerable adults was also the practice specialist for working with patients with learning disabilities.

Patients with skin conditions were able to get early diagnosis of their condition. The GP who provided dermatology services linked with a consultant at the hospital and used 'tele-dermatology' to send photographs of skin conditions to the consultant in advance of referral for specialist consultation. This made the treatment of skin conditions more effective as treatment could be carried out more quickly.

The practice had fully computerised pathology links and received discharge summaries, bowel screening results and blood test results electronically. There was a dedicated member of staff who coded information from hospital discharge summaries and letters from consultants. Letters were scanned into patients' records.

### Management, monitoring and improving outcomes for people

A member of staff was responsible for maintaining the practice returns for the clinical commissioning group. This ensured the practice captured information about patients and was able to monitor the outcomes for patients.

One of the GPs told us about recent guidance in relation to hypertension (high blood pressure) and how this was discussed and implemented in the practice.

We saw the results of an audit conducted over a period of two years by one of the GPs. They looked at their use of fast tracking referrals to hospital for diagnostic tests in relation to cancer.

The analysis of the findings led to the GP concluding they were using the fast track system to secondary care services appropriately.

The practice held a register of patients who were at the end of life and were supported with palliative care. The practice recorded when patients elected not to be resuscitated, when they knew a patient's preferred place of death and whether the patient had been issued with anticipatory medicines. We saw an audit of those on the palliative care register was conducted in the spring of 2014 and again a month later. This was to check information was being recorded appropriately and in line with the Quality and Outcomes Framework (QOF) specification. The audit showed that the new template introduced for maintaining the register improved record keeping. There was learning from the audit as some patients did not have a named GP and this had been addressed.

Each month, at the practice meeting, those on the end of life register were discussed with a nurse from the local hospice to ensure all needs were being met and the patient's needs were respected. At the end of a patient's life the practice sent a letter of condolence to the bereaved family.

We saw there was weekly monitoring of patients who received anti-coagulation therapy to ensure patients were on a safe dose of their medicines for this condition.

### Effective staffing

There were four partner GPs and two part time salaried GPs. The practice manager had a personal assistant and the practice employed a nurse practitioner, dispensary manager, nurse team leader, reception team leader and finance manager. These were supported by teams of three nurses, three healthcare assistants, eight dispensing staff, eight receptionists and administrators. The practice had also engaged two customer service apprentices. One of these was working in the dispensary serving patients who were collecting their medicines.

Most staff worked both at the Edington surgery and the branch surgery in Woolavington.

# Are services effective?

(for example, treatment is effective)

Each of the GPs had a nominated 'deputy' who covered for them when they were absent from work.

The practice used external training companies for additional training including that for dispensing staff. One of the staff we spoke with said they thought there was an appropriate mixture of external and in-house training. Records showed various staff attended training in information governance and confidentiality, clinical risk assessment, medicines management, safeguarding and fire safety.

The practice was closed one afternoon each month for staff training. During these sessions there was a dedicated member of staff to deal with telephone calls from patients so they were still able to contact the practice. A member of staff told us the training sessions offered the whole team to get together and were beneficial. We were told that all members of staff involved in the dispensing process were either undertaking or had received appropriate dispensing training.

We spoke with a newly recruited member of staff about their induction. They told us it included an orientation into the practice, aspects of their role and personal safety. They said the induction included them completing some on-line training in safeguarding, infection control and health and safety.

Staff told us about the appraisal system and said they found it to be a useful process for identifying training and development needs. One member of staff told us how the process had identified additional training needs and this had been achieved. Staff records we looked at showed there was a 'pre-appraisal' checklist for staff to complete that included a competency checklist. We saw records of appraisal meetings were kept.

We spoke with staff about the support they received. All of the staff told us they felt supported not only through line management arrangements but by all members of the team. Staff spoke about job satisfaction and how they had progressed within the practice.

## Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage complex cases. The practice was working within the Somerset Practice Quality Scheme (SPQS). The SPQS was a local initiative to replace the NHS

Quality and Outcomes Framework (QOF). The practice had joined with two other practices in Somerset that were working together to develop services such as a weight loss clinic.

The focus of these practices was to integrate the district nursing team, closer working with the minor injuries unit and social prescribing within the 'third sector'. In addition it was participating in the implementation of the Somerset Clinical Commissioning strategy for patients with long term conditions known as the 'Somerset House of Care' (SHC).

The 'SHC' provided a checklist that reflected a 'whole system approach' required, in order to improve the care and support patients with long term conditions received and the inter-dependency of each component. Whilst the practice had opted out of the QOF the practice manager told us it still maintained a large proportion of the QOF indicators.

The district nurses were based within the practice and were considered to be part of the practice team. The nurse practitioner acted as team support for the district nurses. There was a Community Matron attached to the practice.

The practice used 'tele-health' as a means of monitoring the well-being of older patients. This was particularly useful for patients with chronic obstructive pulmonary disease (COPD) where they were able to check their own oxygen saturation levels and keep the practice informed.

There were specialists within the practice nursing team for long term conditions including COPD and asthma, diabetes, care of the elderly and variable blood thinning tests (INR). When patients had dementia they were referred to voluntary organisations for support. Their care was kept under regular review.

Implementation of the 'SHC' led to patients knowing the results of tests early to enable them to consider the options available to them in advance of their appointment.

As one of three GP practices that formed the Bridgwater Bay Health Foundation, the practice was nominated for GP Commissioners of the year in a trade magazine for its work with the local community hospital maternity unit 'commissioning moderator group'.

The community midwife held ante-natal clinics in the practice. A health visitor was based within the practice and

# Are services effective?

(for example, treatment is effective)

we saw they held mother and baby clinics. These were not restricted to patients registered to the practice and parents we spoke with complimented the practice on the convenience of the clinics.

The health visitor told us how they worked specifically with local traveller families. They were employed by Somerset Partnership NHS Trust but had an office within the practice. They told us they had a good relationship with the practice and could access the practice computer records.

They also spoke of how beneficial it was to be patients that they were able to meet with the GPs face to face.

Patients told us about referrals to secondary care for treatment and how this had proved to be effective.

## Information sharing

Patients with long term conditions and older patients were given emergency information 'pots' donated by a charity. This enabled patients to record information about their condition and medicines for in the event of emergency. The pots were widely recognised by emergency services and helped give information if patients were unable to do so.

The practice used electronic systems to communicate with other providers. Any late test results received electronically from the hospital pathology department were passed to the out of hours service so they could communicate the results to patients and respond appropriately.

## Consent to care and treatment

One member of staff told us how they obtained consent for the treatment they provided. We discussed the Mental Capacity Act (2005) with them.. They were aware of 'Gillick competence' and told us how they would ensure any decisions to treat children were recorded appropriately.

One of the GPs told us how they 'coached' staff within the practice in relation to the Mental Capacity Act 2005 and told us they did this occasionally at staff meetings. They told us they obtained written consent for almost all minor surgery treatments.

## Health promotion and prevention

The practice website was being upgraded to include self-care information. We saw this included access to over 500 patient information leaflets and advice about preventative medicines and treatment.

As one of the three practices that formed the Bridgewater Bay Health Federation, the practice was involved in running a patient education event for patients with asthma. It included the setting up of a website. The Federation also produced a quarterly newsletter for its patients.

The costs of private services were displayed in the waiting room. These included private medical certificates, insurance reports and travel services.

The Bridgewater Bay Health Federation produced seasonal newsletters. The practice had supplies of the winter 2014/15 issue that gave patients information about norovirus, the winter vomiting bug. The newsletter explained what patients could do to prevent the spread of norovirus and ease their symptoms if they contracted the infection. The newsletter also promoted the influenza vaccine for patients in 'at risk' groups.

We saw the practice was promoting flu immunisation at the time of our visit. A range of clinics were held when patients could attend for the inoculation. The practice manager told us that immunisation clinics were flexible and when patients failed to attend there was a follow up appointment made.

The practice offered a full range of NHS and private immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

Where patients were at risk of developing dementia there was an alert placed on the electronic recording system to prompt the GP or nurse to ask questions relating to memory. This enabled the practitioner to respond appropriately to the patient's condition.

There was active recruitment of 'hard to reach' groups such as the travelling community. In order to reach them the practice delivered leaflets about the services available.

We saw there was a range of information leaflets available for patients including some relating to bereavement, being healthy and training available for carers.

All new patients were offered a consultation with a practice nurse.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

The practice manager told us less than 1% of the practice population was non-English speaking and the practice was able to access interpreter services if needed.

We saw that staff signed a confidentiality agreement to ensure they were aware of the need to keep patient information secure. The practice had a dedicated policy relating to confidentiality for patients in their teenage years.

Telephone calls to the practice were taken in an area behind the reception room to enable patient calls to be taken in private and not be overheard, so their confidentiality was maintained.

We saw a notice at the reception desk. It politely asked patients to stand back when a patient was speaking with a receptionist to respect other patient's privacy.

There was only one bus an hour that would transport patients to and from the surgery at Woolavington. The practice installed a hot drinks machine where patients could buy a drink for a nominal charge. The facility was not for profit and enabled patients who relied on public transport and others to have a drink while they waited.

The patient participation group (PPG) held a monthly coffee morning at the Edington village hall. The PPG representative we met told us this gave the PPG the opportunity to meet patients and act as an advocate for them if they had concerns about the practice and wished for the PPG to represent them.

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

The national patient survey for 2013 showed 93% patients who responded to the survey would recommend the practice to others and 94% described their overall experience as 'fairly good' or 'very good'. The proportion of respondents to the survey who stated that the last time they saw or spoke to a GP, the GP was 'good' or 'very good' at involving them in decisions about their care was 92%.

The practice's Statement of Purpose outlined how the practice mission was to involve patients in managing their own health. The practice was committed to doing so by using care plans for those with long term conditions and full discussion of treatment options for patients with acute health problems.

The percentage of patients on the practice register who had a comprehensive care plan documented in the records agreed between patients, their families and or carers was in excess of 93%.

Specific care planning documentation was used where patients had diagnosed long term conditions, to avoid unplanned admissions and for patients at the end stages of life.

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

A member of staff was the 'carers champion' in the practice. We spoke with them about their role. They showed us the 'new patient' questionnaire asked if patients had caring responsibilities and this was entered in their medical record. This then showed as an alert for GPs so it could be considered during consultation with the patient.

The 'champion' showed us the information pack they sent to new patients with caring responsibilities included information about the carers support service. The leaflet outlined the support available included information advice and support. There was a newsletter carers could sign up for and contact details for a number of support groups, benefits advice and statutory authorities such as the NHS, local authority and police.

We saw information displayed about the training available to support carers of patients and that a carers' newsletter was produced.

There was information available for patients relating to bereavement support services in Somerset including for those who were affected by stillbirth, the loss of a baby or child and suicide.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way the services were delivered.

Where patients were unable to see a GP or nurse practitioner face to face, they were offered a telephone consultation. The practice manager told us the success of the new system was being monitored every three months.

If patients such as those with learning disabilities might take longer to consider a decision during their consultation double appointments were made available.

The practice maintained a register of patients who were housebound because they had limited mobility due to their age or condition. The practice had a 'no questions asked' policy when home visits were requested.

We spoke with the duty GP who told us they were responsible for all home visits and emergency appointments at the end of surgery. We saw the tasks for day in the electronic 'day book' which showed a good system for managing the practice workload.

Patients could request repeat prescriptions via the practice web page, via a dedicated telephone line, in person, by hand or by post.

### Tackling inequality and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice maintained a register of patients with learning disabilities and ensured they were offered an annual health check.

The practice provided services to travellers who were residing in the area. In order to encourage registration with the practice the health visitor gave this group leaflets explaining the service they could receive. The health visitor told us they were working with some traveller families. One of the GPs told us how they worked with patients from two traveller's sites. They said they had been successful in encouraging vaccination and the number of patients who had been vaccinated was similar to other groups served by the practice.

### Access to the practice

The practice had facilities for patients to book appointments online. Patients were also able to order repeat prescriptions and view a summary of their medical record. The practice was advanced in this area as full access to the summary record is not required until April 2015.

The practice was open from 8am – 1pm and 2pm – 6.30pm each weekday at both surgeries. There were extended hours every Saturday at each surgery to specifically meet the needs of patients who were in employment. On Saturdays there was a GP, nurse practitioner and practice nurse to meet the needs of the working age population and those with long term conditions. We saw clear signs to show when the practice was open and who to contact in an emergency, Out of Hours.

The practice contracted it's out of hours emergency arrangements to another service provider. We saw the contact details displayed in the surgeries and on the practice website.

The practice manager told us the practice had been working to find a balance between 'on the day' and 'routine' appointments. The practice had developed a mantra that stated "if the next available routine appointment is not soon enough we will deal with your problem today". As part of the appointment system the practice introduced telephone consultations and found 60% of calls were resolved without the need for face to face consultation. The system included a reserved face to face consultation for every two telephone calls.

### Practice seeks and acts on feedback from patients, public and staff

The practice manager told us the patient participation group (PPG) had been established a number of years. We saw they published articles in the local press to support the practice and noted articles about the patient survey results, a day in the life of a GP and the new Woolavington surgery for which they had organised an 'open day'.

The PPG leaflet listed its members and the towns and villages they represented. It directed patients to the practice website where minutes of the six weekly meetings were available to read and also gave the contact details of the PPG secretary. The leaflet also outlined what the PPG

# Are services responsive to people's needs?

(for example, to feedback?)

does including, reporting suggestions to improve patient care, carrying out the annual patient survey and ensuring patients were aware of any changes within the practice that may affect them.

The 2013/14 survey was the first survey carried out by the PPG and the format of the study was devised after looking at NHS guidance for GP practices. The survey was conducted during four flu vaccination clinics and by sending the questionnaire to the virtual PPG members and by making copies available at the practice's two surgeries. There were 166 responses received with only four out of a potential 132 from the virtual PPG.

The questionnaire was designed to ask patients about their experience of making appointments and how they were received when they arrived in the surgery they attended. There were also questions about ordering repeat prescriptions, waiting times and opening times.

Results showed 99% overall satisfaction with the practice and 95% of respondents were happy with the arrangements they had for obtaining repeat prescriptions.

There were 83% of respondents who had a same day appointment and 81% who had seen a GP during the previous 12 months. The surgery opening hours were satisfactory for 95% of respondents.

The PPG also represented patients on decision making bodies such as NHS Federation Groups, forums and workshops.

We met with a representative of the PPG who told us how they were trying to recruit younger members. They had contacted a youth group in an attempt to gain the views of patients of working age.

The PPG was described by the practice manager as a 'critical friend' and raised issues of concern with practice policy. They told us the PPG 'owned and run' the patient survey for a number of years and reviewed all anonymised complaints received by the practice.

The practice involved the PPG in discussions about the introduction of a new appointments system. They were happy with the plan to introduce telephone consultations and gave it their endorsement.

The PPG representative we met told us about the virtual PPG which had over 100 patients involved. The PPG circulated minutes of meetings to these members in an attempt to keep patients informed of practice developments.

The practice manager told us the PPG were about to establish a 'volunteer-led' medicines delivery service and said members of the PPG had been involved in external projects such as the Somerset House of Care and moderator groups for the commissioning of services at the new community hospital. The PPG was also involved in determining what health advice should be included in the practice waiting room information screen.

The practice conducted the 'friends and family test'. The practice had an electronic feedback system that asked the 'friends and family test'. This was so patients could indicate whether they would recommend the practice to relatives or friends. Those patients who used the system to indicate whether they would and ticked the box to say they were 'extremely likely' to recommend the practice were rated as 'promoters'. Patients who indicated 'likely' were rated as 'passive'. Those who ticked 'neither, likely or unlikely' were classed as detractors. The practice gained an overall score by deducting the number of 'passives' and 'detractors' from the number of 'promoters'. For October 2014 the practice achieved an overall score of 79. This indicated 86 patients out of 93 indicated they were extremely likely to recommend the practice to a family member or friend.

## Listening and learning from concerns and complaints

The practice had a 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.

The practice manager told us complaints were generally resolved face to face and if this was not possible patients were asked to put their complaints in writing.

Complaints were investigated following the practice procedure and a log of complaints was maintained along with feedback and compliments. We looked at the complaints log. It recorded the date the complaint was

## Are services responsive to people's needs? (for example, to feedback?)

received, the nature of the complaint and action taken. We saw the practice received 10 complaints in the last year regarding a variety of issues. There were no common themes seen when we reviewed the complaints.

The complaints log book recorded the learning from complaints, details of who the learning was shared with in the staff group and the date it was communicated with them.

# 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 vision for the practice stated it aims to be “a modern country practice demonstrating excellence in patient centred healthcare with a personal and caring approach”. It described its mission statement as striving “to be a professional and effective team supporting each other to put patients at the heart of all we do”. This vision and mission was used in publicity and was posted on the practice website for patients to see. It was also expanded within the practice Statement of Purpose.

The practice manager described how the vision and mission statements were devised. An ‘away day’ was held when staff were asked to list the things that were important to them. Over time, the statements were reached collectively so staff ‘owned’ them. The practice manager told us the chairperson of the patient participation group (PPG) attended the session and approved of the final versions of the vision and mission statements. Staff, we spoke with, described the practice vision and mission to us and showed an understanding of how this was put into practice. One member of staff told us the vision and mission statements reflected the meaning of the practice.

The practice had a five year strategy which included recognising the potential for growth with new housing and work opportunities coming to the area of Somerset covered by the practice.

Its objectives included maintaining clinical standards, exceeding patient expectation and increasing third sector support through social prescribing. Social prescribing includes weight management and social, leisure therapeutic activities.

In addition the practice was focussed on building a staff team that was engaged, motivated and appreciated, working as a team with “one set of goals”. We saw this reflected creating a sustainable work life balance for GP partners. The practice manager told us the current patient list was in excess of 7,400 patients with a weekly increase of newly registered patients of between 30 and 40. To this end the practice was staffed to meet the needs of 8,000 patients at the time of our inspection and the practice manager said there was a commitment from the partners to increase staffing before it was needed.

The practice considered the new Woolavington surgery to be a ‘model’ for the development of the surgery in Edington and had plans for refurbishment. The practice manager told us this included reorganisation of the patient waiting room, reception, office and dispensary. In addition a sluice would be installed and new sinks and taps would be fitted along with new flooring and redecoration. The plan was to achieve this within three years.

### Governance arrangements

The practice policies and procedures were available to all staff on the ‘shared drive’ of the internal practice computer system.

The practice manager had a personal assistant who supported the practice manager to supervise the salaried GPs, nurse practitioner, dispensary manager, nurse team leader, reception team leader and finance manager. They also supervised the administrative staff. The partner GPs provided clinical supervision to staff.

The GP partners met for a business meeting every Tuesday where they discussed staffing, changes to the business and any clinical issues of the day. The practice manager met with team leaders every Monday morning for the operations meeting and there was a weekly ‘clinical meeting on Wednesday morning.

Each week the clinical meetings considered significant events, clinical issues and practice nursing issues. These were rotated along with palliative care meetings when staff from the local hospice attended. It was at these meetings when any new guidance from the National Institute for Health and Care Excellence (NICE) were considered.

The practice held regular dispensary meetings, attended by the partner responsible for the dispensary and dispensary staff, at which incidents involving medicines were discussed.

One of the GPs described the clear management structure within the practice and how meetings ensured clear channels of communication.

We looked at the records of some meetings and saw leadership meetings considered general business issues. The partners meeting notes showed there was discussion about management and clinical issues including, ensuring there was sufficient GP cover.

A range of audits were conducted and the practice had a clear schedule of when these were due to take place. The

# Are services well-led?

Good 

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

schedule listed the title of the audit, the frequency it was to be carried out and the last audit date. Some of the audits were conducted monthly such as, the asthma recalls frequency. Others were quarterly or bi-annually including prescribing habits and vaccinations monitoring. The schedule also direct systems and methods to be used to conduct each audit.

## **Leadership, openness and transparency**

The practice manager joined the NHS in 2009 and joined the Polden Medical Practice in May 2013. They told us they believed a strong team with clear leadership was the key to delivery of quality primary care services. They had qualifications in primary care management and were studying for a post graduate qualification in strategic management.

The practice manager was supervised by the practice partner GPs. They had weekly meetings and conducted appraisal of the practice manager. Staff told us there was an open culture within the practice.

## **Management lead through learning and improvement**

The practice held membership with the Somerset GP Education Trust that was a part of the Somerset NHS Local

Medical Committee. It provided training in clinical and non-clinical areas providing training updates for practice nurses and healthcare assistants in long term conditions such as asthma and diabetes. In addition there were financial and employment law updates for managers and administrators.

The practice manager told us they were working with Bridgwater College to develop the 'Polden Medical Practice Academy'. The Academy provided training for staff including leadership, management and customer service and training available for local care and nursing home staff relating to end of life care, manual handling and dementia awareness. In addition the Academy provided manual handling and first aid training for unpaid carers and patient education relating to long term conditions and money matters.

We saw a programme of training available for the next six months included dementia awareness, end of life care, safe handling of medicines, team leading, business administration and customer service training opportunities.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>The provider must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity</b>  How the regulation was not being met:  People who use services and others were not protected against the risks associated with the unsafe storage of medicine related stationery.