

Dr J R Buckle and Partners

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Dr J R Buckle & Partners on 18 February 2016. Overall the practice is rated as requires improvement .

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

- There was an open and transparent approach to safety, however, the practice should review arrangements for reporting and recording significant events.
- Risks to patients were assessed and managed with the exception of those relating to infection prevention and control.
- The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS), rather than the Quality and Outcomes Framework (QOF), to monitor practice performance and outcomes for patients.
- Some audits had been carried out, however, we saw little evidence that audits were driving improvements to patient outcomes. We did not see evidence that consistent ways of working were in place for GPs, in order to reduce the risk of errors.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, we found some gaps in training including infection prevention and control and for chaperones.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they often found it difficult get through to the practice by telephone to make an appointment. Urgent appointments were available the same day and there was continuity of care available with a named GP.

Summary of findings

- 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 sought feedback from staff and patients, which it acted on. However, we did not see evidence that adequate non-clinical management time was in place for partners and other clinical supervisors. Governance arrangements should be improved to ensure they are effective.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure arrangements for infection prevention and control, including risk assessments, are in place taking appropriate corrective action where required.
- Ensure there are systems in place for staff training relevant to each role; and ongoing staff supervision and support. For example, to ensure staff are trained in infection prevention; and all staff receive adequate supervision and appraisal.

- Ensure arrangements for the recording of significant events to provide consistency, accuracy and completeness, including action plans and lessons learnt.
- Review the leadership arrangements to ensure adequate non-clinical management time in place for partners and other clinical supervisors to deliver all responsibilities and improvements.
- Ensure governance arrangements, including systems and processes to monitor and improve quality and safety such as clinical audit are improved.

The areas where the provider should make improvements are:

- Review clinical capacity and administrative systems to improve the availability of and telephone access to non-urgent appointments.

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, as there are areas where improvements must be made.

- There was a system in place for reporting, recording and reviewing significant events. However, the practice should review the recording of significant events to ensure consistency and completeness including action plans.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Risks to patients were assessed and managed. However, the practice needed to review arrangements for infection prevention and control; and chaperones, including staff training.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements must be made.

- Data from the local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS), showed most patient outcomes in line with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence that clinical audits were driving quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff were not trained in Mental Capacity Act (2005) awareness and others had not received training on how to act as a chaperone.
- We saw evidence of appraisals and personal development plans for most but not all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Summary of findings

- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care using the Gold Standard Framework .

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements must be made.

- Practice staff 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. For example, the practice was actively engaged with the CCG pharmacist and we saw evidence that the practice had made improvements in medicine prescribing.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with living with dementia.
- Feedback from patients reported that access to appointments, a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- 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.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements must be made.

- The practice had a vision and a strategy but some staff told us there was not sufficient non-clinical time in place for clinicians to deliver all their responsibilities in relation to it.
- There was a documented leadership structure and most staff felt supported by management but at times communication was not effective.
- The practice had a number of policies and procedures to govern activity. This included arrangements to monitor and improve quality and identify risk. However, we saw no evidence that clinical audits were shared with management staff or were driving improvements to patient outcomes. It was not clear that arrangements for infection prevention and control were effective.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, we found some gaps in appraisals, staff support structures and staff training.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was provision for continuous learning and improvement at all levels. However, training in areas such as infection prevention and control, the Mental Capacity Act and acting as a chaperone was not up to date for all relevant staff.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Requires improvement



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 requires improvement for the care of older people. The practice is rated as requires improvement for safe, effective and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older people who may be approaching the end of life. It involved older people in planning and making decisions about their care, including their end of life care using the Gold Standard Framework.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, we saw active case management of and visits to patients in local care homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, patients could access the friends and neighbours transport scheme.
- The practice provided a leg ulcer clinic.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for safe, effective and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- Performance for diabetes related indicators was worse than local clinical commissioning groups and national averages. The practice was aware of this and working towards improving care for these patients.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle. For example, the practice had dedicated support staff who would follow up patients.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for safe, effective and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were consistent with local and national averages.
- The practice offered a range of sexual health services including contraceptive services, including the C Card, Chlamydia screening and sex education.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses, including regular child protection meetings.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for safe, effective and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered fixed time telephone appointments for teachers during their lunch break.
- Extended hours appointments were available in the evenings and alternate Saturday mornings.
- The practice was proactive in offering online services, including appointment bookings and repeat prescription requests, as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for safe, effective and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way, using the Gold Standard Framework, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients who were identified as vulnerable, including those with a learning disability and carried out annual health checks.

Requires improvement



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice participated in shared care for patients who misuse drugs and worked with an independent rehabilitation team.
- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for safe, effective and responsive services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients with dementia. However, not all patients with dementia had received a timely face to face annual review.
- The practice specifically considered the physical health needs of people with poor mental health. For example, health checks were carried out for patients experiencing poor mental health and those with a learning difficulty.
- Performance for some mental health related indicators was worse than the clinical commissioning group and national average.
- The practice had a system for monitoring repeat prescribing for people receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, the practice was represented at social services case conferences and safeguarding meetings.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia. However, we found not all staff were trained in Mental Capacity Act (2005) awareness.

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, 237 survey forms were distributed and 129 were returned. This represented approximately 1% of the practice's patient list.

- 40% of patients found it easy to get through to this practice by phone which is significantly lower than the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 79%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received nineteen

comment cards which were positive about the standard of care received. Patients described being listened to and treated with respect and dignity in a clean, tidy and safe environment. Staff were friendly, caring, understanding and gave reassurance. However, some concerns were expressed regarding access to the practice by telephone, the number of appointments available and customer care skills of some staff. We spoke to the practice about these concerns and saw plans were in place to address these issues.

We spoke with four patients during the inspection. All these patients said they were satisfied with the care they received and thought staff were approachable and caring and involved patients in their care and treatment. Five patients had provided feedback through NHS Choices in the last 12 months and gave the practice an overall rating of two out of five stars. Their comments were consistent with the feedback we received during our inspection. The Friends and Family Test data showed 46 responses and 70% of patients had stated they were likely or extremely likely to recommend the practice to others, whilst 20% were unlikely or extremely unlikely to recommend the practice.

Dr J R Buckle and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr J R Buckle and Partners

At the time of inspection the practice was known as Dr J R Buckle and Partners, however, Dr Buckle was planning to retire. The practice is now led by Dr Bridge and is known as Dr A R Bridge & Partners. The provider was reminded of their responsibility to submit the required registration change applications to The Care Quality Commission in line with their legal responsibility, in order to reflect the current partnership arrangements.

The practice supports around 11, 000 patients in a largely rural area of South Somerset. Services are provided from the main location of Martock Surgery and a branch location of South Petherton Medical Centre. Martock Surgery was purpose built in 1991 in the centre of Martock. South Petherton Medical Centre was purpose built in 2012 on the outskirts of South Petherton adjacent to the community hospital. There is full disabled access including a lift. There is an independent pharmacy attached to South Petherton medical centre.

Both sites were visited during the inspection and the addresses are:

Martock Surgery,
Church Street,

Martock,

Somerset,

TA12 6JL.

South Petherton Medical Centre,

Bernard Way,

South Petherton,

Somerset,

TA13 5EG.

The practice has nine GPs, six of whom are partners. Between them they provide 43 GP sessions each week and are equivalent to 5.6 whole time employees (WTEs). Five GPs are female and four are male. There are five practice nurses, whose working hours are equivalent to 3.7 WTEs, including one non-medical prescriber who offers six sessions per week. Two health care assistants are also employed by the practice with combined hours of 1.6 WTE. The GPs and nurses are supported by forty one management and administrative staff including a business manager, operations manager and finance officer. The support staff have recently been mostly centralised to the South Petherton site to provide a more streamlined response to patients and better resilience to staff absences.

The practices patient population is expanding and has lower than average numbers of patients, both male and female, between the age of 20 and 39 years than the national average. There are more than average numbers of patients, both male and female, over the age of 60. Approximately 29% of the patients are over the age of 65 years compared to a national average of 17%. Approximately 61% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for GP and nurse

Detailed findings

appointments. National GP patient survey results were lower than average with 76% of patients describing their overall experience at the practice as good compared to a national average of 85%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the eighth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is two years above the national average of 79 and 83 years respectively and one year above clinical commissioning group (CCG) averages for each gender.

The practice is open between 8.30am and 6.30pm Monday to Friday, except for the Martock site which is closed on Wednesday afternoons. Outside these hours, telephone access is available via a local call centre and appointments are available from 8.30am. The practice operates a mixed appointments system with some appointments available to pre-book, others available to book on the day and some telephone consultations. Extended hours appointments are offered on from Mondays to Thursdays from 6.30pm until 7pm and the practice also offers pre-booked appointments from 8.30am to 11am on two Saturdays each month. GP appointments are 10 minutes each in length and appointment sessions are typically 9am until 11.30am and 3.30pm until 6pm. Each consultation session has 15 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a Personal Medical Services contract to deliver health care services; the contract includes enhanced services such as health screening, antenatal and postnatal care, immunisations, contraceptive services, chronic disease management, care and treatment of mental health and social related illnesses, drug and alcohol problems and the management of smoking cessation. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a training practice and two GP trainees were placed with them at the time of our inspection. The practice also hosts placements for medical students. Two of the GPs are GP trainers and this provides training resilience when one of the training partners is away.

The practice has opted out of providing out-of-hours services to their own patients and patients are directed to this service by the practice outside of normal practice opening hours.

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 18 February 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, management and administrative staff) and spoke with patients who used the service, including a member 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:

Detailed findings

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

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

- older people
- people with long-term conditions
- families, children and young people

- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. However, significant events were not consistently and accurately recorded to enable effective review.

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, we saw a review with a nursing home and pharmacy that resulted in significant improvements to systems used for medicine requests for vulnerable patients in nursing and residential homes. The practice had involved the clinical commissioning group (CCG) pharmacist to ensure best practice was shared with other local practices.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two.

- A chaperone policy document was in the waiting room but there was no notice to advise patients that chaperones were available if required. Staff who acted as chaperones had not received training for the role although clinical staff 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). Non-clinical staff had not received training and had not had a DBS check or been subject to a risk assessment. We spoke to the practice who stated that they would review their chaperone policy and arrange training for staff. We received confirmation within 48 hours of the inspection of the revised policy including that only clinical staff with a DBS check would act as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, however, we did not see evidence of cleaning schedules for specific equipment such as spirometers. This presented potential risk of cross infection.
- The practice nurse was the infection control clinical lead but had not received specific training in infection prevention and control. Whilst a policy was in place, annual infection control audits had not been undertaken and it was not clear that adequate non-clinical time was in place to ensure this function was effective. We spoke to the practice who provided evidence that an audit had been carried out within 48 hours of the inspection. However, this did not include an action plan to address any improvements identified as a result.

Are services safe?

- We found that one clinical waste bin at the Martock Surgery was not locked or in a secure area to prevent unauthorised access. We spoke to the practice who arranged for a new lock to be fitted within 48 hours of the inspection.
- 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). There was a process in place for stock rotation, deliveries, transport between sites and storage of vaccines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We saw a robust system was in place to ensure the security of blank prescription forms including secure storage, monitoring and audit. One of the nurses had qualified as an Independent Prescriber and could prescribe medicines for specific clinical conditions. The nurse had received mentorship and support from the medical staff and CCG for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we did not see evidence of DBS checks or a risk assessment for non-clinical staff who had acted as chaperones. The policy in relation to this was amended after our inspection.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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 monitor that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises including pads suitable for adults and children. Some out of date pads were found near the defibrillator and were disposed of during the inspection. There were adequate stocks of oxygen at each site, plus additional cylinders awaiting replacement, along with adult and children's masks. A first aid kit and accident book were available.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

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 and an arrangement with a local practice for mutual support.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Since April 2015 the practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. The most recent published QOF results were 63.4% of the total number of points available compared with the clinical commissioning group (CCG) average of 79.5%. However, we saw SPQS data that showed most patient outcomes were in line with the national average.

The Clinical exception rate was 4.6% which was below the CCG average of 6.6% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was worse than the national average. For example, 56% of patients on the diabetes register had a record of a foot examination and risk classification in the last 12 months, compared to the national average of 88%.
- Performance for mental health related indicators was worse than the national average. For example, 43% of

patients with schizophrenia, bipolar affective disorder and psychoses had a comprehensive, agreed care plan documented in the record in the last 12 months, compared to the national average of 88%.

We discussed these indicators with the practice and were told that whilst the practice area has a low overall deprivation score, there were local pockets of deprivation where high proportions of single occupancy, low educational attainment, low employment and mental health issues were found.

There was limited evidence of quality improvement including clinical audit:

- We saw evidence of three clinical audits completed in the last two years, however we did not see evidence that these were completed audits where the improvements made were implemented, monitored and reviewed. There was no evidence that findings were shared with management staff; were used by the practice to improve services; or that audit was driving improvement in patient outcomes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they provided role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidating GPs. However,

Are services effective?

(for example, treatment is effective)

we did not see evidence that all staff had received an appraisal within the last 12 months and it was unclear that key staff had the sufficient non-clinical time to ensure appropriate clinical supervision.

- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. However, we saw that some staff training was not up to date, for example training in infection prevention and control; for acting as a chaperone; and in the Mental Capacity Act (2005) and associated guidance.

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way, using the Gold Standard Framework (GSF), which took into account the needs of different people, including those who may be vulnerable because of their circumstances. We saw evidence of coordination with other health professionals including discussions about patients' needs.

Consent to care and treatment

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

- Some clinical staff we spoke to did not understand 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 practice nurse would seek advice from a GP to assess the patient's capacity and, record the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, shared care, carers, those at risk of developing a long-term condition, those patients receiving treatment for leg ulcers and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice worked with other health care professionals to support vulnerable patients including shared care for patients who misuse drugs and work with an independent rehabilitation team.
- The practice offered a range of sexual health services including contraceptive services, including the C Card, Chlamydia screening and sex education.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme including for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and the proportion of patients screened for each condition was above CCG and national averages.

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 84% to 100% and five year olds from 89% to 98%.

Patients had access to appropriate health assessments and checks, including access to a healthy living clinic in a local village hall on a Saturday morning. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the nineteen patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good standard of service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including one member of the patient participation group (PPG). They told us they were satisfied with the clinical care provided by the practice and said their dignity and privacy was respected. Comments indicated that staff responded compassionately when they needed help and provided support and reassurance when required. Some patient comments included concerns over the customer care skills of some staff. We spoke to the practice about the feedback and we were told the practice was planning to provide staff with training in customer care skills.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. Results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 94% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful which was below the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey (January 2016) 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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (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 with the CCG average of 86% and the national average of 82%.

Are services caring?

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

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in the waiting area; however, we found that they required updating. We discussed this with the practice who stated they would review and update the available information.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 186 patients as carers (1.7% of the practice list). Members of staff acted as carers' champions and signposted carers to a voluntary support organisation. There was no written information available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Monday to Thursday evenings and on two Saturday mornings per month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Appointments were made available during lunchtimes for teachers from a local school to fit with their working day.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- We saw examples of the practice reaching out to the local community by offering a healthy living clinic in a local village hall on a Saturday morning. Clinicians carried out checks including blood pressure, smoking status, alcohol consumption and calculated body mass index for patients and gave advice as appropriate.
- The practice also participated in the Our Place Martock that aims to create a self-aware, caring community and develop self-reliance.
- The practice offers an in house leg ulcer service for those patients who have transport or mobility difficulties.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday, except for the Martock site which was closed on Wednesday afternoons. Telephone access is available via a local call centre, provided by another local practice, outside these hours. Appointments were available typically from 9am to 11.30am every morning and from 3.30pm to 6pm daily. Extended hours appointments were offered on from Mondays to Thursdays from 6.30pm until 7pm and the practice also offers pre-booked appointments from 8.30am to 11am on two Saturdays each month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was significantly lower than local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared with the CCG average of 78% and the national average of 75%.
- 40% of patients said they could get through easily to the practice by phone compared with the CCG average of 78% and the national average of 73%.

The practice was aware of these results and was actively working to find ways to improve by establishing an access team. We saw evidence that the team had explored new ways of working including through visits to other local practices. However, all staff needed to be made aware of and be able to contribute to the work of this group and the practice needed to ensure effective communication with patients regarding any changes that resulted.

People told us on the day of the inspection that they had difficulty in getting through to the practice by telephone to book appointments when they needed them. We spoke to the practice about the feedback and we were told that a new phone system had recently been introduced, along with streamlined arrangements for staffing. We saw positive comments about the standards of care received once people were able to see a clinician.

Are services responsive to people's needs?

(for example, to feedback?)

Telephone triage was used by clinicians to assess clinical urgency once all face to face consultations were booked each day. Patients would receive a telephone call, home visit or extra appointments would be created, as appropriate to patients' needs.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, information was on the practice website and a summary leaflet was available from the reception.

We looked at nine complaints received in the last 12 months and saw that these were satisfactorily handled, in a timely way and showed openness and transparency in dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw a protocol had been updated regarding patients who, in life threatening circumstances, should dial 999 rather than attend the practice. One theme identified from complaints was concerns over customer care. We discussed this with the practice who stated that they were planning to provide staff training on this topic.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff were aware of this.
- The practice had a strategy and supporting business plans which reflected the vision and values.

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

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas and we saw evidence that this was documented. However, we were told that models of clinical care used were not consistent; decision making was not timely or robust; and a strong working relationship between clinicians and management was not felt to be in place.
- Practice specific policies were implemented and were available to all staff and most were updated and reviewed regularly. However, we found gaps in implementation and updating including infection prevention and control; and training records.
- We did not see evidence that key leadership staff had sufficient time in place to effectively deliver their responsibilities. For example, the practice arrangements for recording and review of significant events and quality improvement were not effective.
- An understanding of the performance of the practice was maintained. Practice meetings were not held frequently in order to provide a regular opportunity for staff to learn about the performance of the practice. Staff told us they were not always informed of new developments.

- A limited programme of clinical and internal audit was used to monitor quality, however, we saw little evidence that this was used to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw a documented risk register.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. There were quarterly meetings held and additional meetings were arranged to review any urgent events.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. However, it was not clear that partners and other key staff had sufficient time or clear authority to effectively deliver all of their responsibilities. For example, we did not see evidence of regular management time in place for GP partners or nursing supervisors to deliver leadership responsibilities.

They told us they prioritised safe, high quality and compassionate care, however we did not see evidence that audit was used to drive improvement in outcomes for patients. Staff told us the partners were approachable and took time to listen to members of staff. However, we did not see evidence of robust and reliable communication systems to ensure all staff were made aware of or involved in developments.

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. However, we saw evidence of concern from patients regarding customer care skills of some staff. The practice told us they planned to provide further staff training in customer care.

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology.

Are services well-led?

Requires improvement 

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

- The practice kept records of written correspondence.

The recording system for significant events was not consistent or accurate. For example, we saw some events had no action plan recorded and another with a significant typographical error. As a consequence we did not see an appropriate level of reflection and process change for significant events to ensure consistency, accuracy and completeness.

There was a clear leadership structure in place and staff were aware of management roles.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held team meetings but these were irregular.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. We noted training days were held but these were not held every month. Meetings between clinical and administrative or management staff were held on an ad hoc basis but these were not minuted. We did not see evidence of a robust communication system to ensure all staff, including clinicians and managers were aware of and involved in practice issues and developments.
- Staff said they felt respected, valued and supported by the partners in the practice. However, some staff told us they were not always aware of or involved in discussions about how to run and develop 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. We spoke to a member of the PPG during the inspection and we saw evidence that the group met regularly, carried out patient surveys and submitted ad hoc proposals for improvements to the practice management team. For example, we saw that problems with repeat prescriptions involving a local pharmacy were addressed; and difficulties for patients in getting through to the practice by telephone were being addressed by a staff access group.
- We did not see evidence that the practice had gathered feedback from staff in a structured way. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Some staff told us they did not feel involved and engaged to improve how the practice was run.

Continuous improvement

There was a desire to achieve continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice actively participated in the Our Place Martock scheme and was exploring the South Somerset Symphony scheme, one of the NHS England Vanguard projects. The practice told us that the senior partner was retiring very soon and this presented the opportunity for the practice leadership to be reviewed and refreshed, including the vision and governance arrangements. There was clear desire to build on the commitment and support of the management team to ensure staff had the capacity to implement new models of care.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of infections.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The registered person did not ensure that staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties.