Park Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Medical Practice on 14 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice actively participated in local schemes including Somerset Practice Quality Scheme; Sign Up to Safety pledges; and Mendip Symphony to engage and manage the most complex patients.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice actively participated in the Your Health and Wellbeing Mendip scheme and offered access to social prescribing services.
- Information about services and how to complain was available and easy to understand.
- Risks to patients were assessed and well managed. We saw examples of quality improvement projects including audits, the Sign Up for Safety scheme and Eclipse Live prescribing scheme.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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- The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of candour.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. Staff felt supported by management and we saw staff demonstrate strong team working.

We saw an area of outstanding practice:

- We saw evidence that the practice had a strong commitment to innovation and future development for the benefit of patients. For example, the practice had led the development and implementation of a micro spirometry programme that had been adopted across Somerset.

The areas where the provider must make improvement are:

- The provider must implement a system to ensure all Patient Group Directions are current, authorised and signed before vaccinations are provided to patients.
- The provider must ensure all staff receive up to date training in infection prevention and control.

The areas where the provider should make improvement are:

- Review arrangements for significant event analysis to ensure all actions are completed and learning is shared.
- Review the fire risk assessment to ensure it covers evacuation of wheelchair users from first floor of the building.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events. However, this should be reviewed to ensure all actions are completed.
- Lessons learnt 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.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. We found that some Patient Group Directions, that allow nurses to administer medicines in line with legislation, were not current. We found that not all staff had received up to date training in infection prevention and control.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Somerset Practice Quality Scheme (SPQS), a local quality and outcomes framework showed patient outcomes were consistent with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local

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providers to share best practice. For example, the practice had led the development and implementation of a micro spirometry programme that had been adopted across Somerset.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways. For example, the practice participated in the Mendip Symphony scheme to engage with and manage the needs of such patients.
- All practice clinicians and staff were trained in the Gold Standard Framework for palliative care and there were monthly meetings to ensure patient's wishes were known and respected and appropriate support offered to the family.

Are services caring?

Good

The practice is rated as good for providing caring services.

We observed a strong patient-centred culture:

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, 94% of patients described their overall experience of the surgery as fairly good or very good compared with the national average of 85%.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted upon.
- Staff offered kind and compassionate care and worked to achieve this. For example, patients were supported through the Health Connections Mendip scheme including groups for stroke support, pain management and a talking cafe.
- Patients said they were treated with compassion, dignity and respect. Staff were fully committed to working in partnership with patients. For example, we saw evidence of working with patients, family and carers to understand patients' wishes and provide appropriate care.
- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. For example, the practice provides social prescribing through the Health Connectors Mendip scheme and Zing Somerset scheme.
- There are innovative approaches to providing integrated patient-centred care. For example, patients used the My Life Plan scheme.
- The individual needs and preferences of people with a life-limiting progressive condition, including people with a condition other than cancer and people with dementia, were central to their care and treatment. We saw examples where the care delivered was flexible and provided choice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, phone access and answering system had been reviewed and improved with involvement of the patient participation group.
- Patients can access appointments and services in a way and at a time that suits them. For example, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. We saw that staff demonstrated strong team working.
- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor

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and improve quality and identify risk. However, we found some gaps in the implementation of Patient Group Directions for vaccinations; and in training of staff in infection prevention and control.

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- 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 gathered feedback from patients and it had an active patient participation group which influenced practice development. There was a strong focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- 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. For example, the practice participated in the Mendip Symphony scheme to provide coordinated multi-disciplinary team care for patients with complex needs.
- 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. For example, the practice had adopted the Gold Standard Framework for end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, there were regular meetings with other health professionals to identify patients at risk of and take action to avoid unplanned hospital admission.
- 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 support and advice from Mendip Health Connectors service.
- The practice had carried out a review of all patients in residential and nursing homes in the previous year, resulting in an increase in numbers diagnosed with dementia.

People with long term conditions

Good

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

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

Summary of findings

- Performance indicators for patients diagnosed with diabetes were comparable to local and national averages.
- 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 developed in house, quality assured spirometry to diagnose patients along with a monitoring scheme using micro spirometry.
- 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. For example, for working age patients these were not restricted to set clinic times.
- 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

Good

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice provided support for premature babies and their families following discharge from hospital. There was regular liaison and communication with Health Visitors.
- Performance indicators for cervical screening of patients were comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments, including phone appointments, were available from 6.30pm to 7pm Mondays to Thursdays.
- Longer appointments were available for working age patients with long term conditions in all clinical sessions.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

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

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- The practice specifically considered the physical health needs of people with poor mental health. For example, the practice had carried out a review of all patients in residential and nursing homes in the previous year, resulting in an increase in numbers diagnosed with dementia.
- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- Mental health performance data from the Quality and Outcomes Framework (QOF) appeared to be worse than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showedthepractice was performing better than local and national averages. 260 survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 97% 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%.
- 94% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 92% 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 also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with five patients, including two representatives of the patient participation group during the inspection and received three comment cards. All the feedback was positive about the standard of care received by patients. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients had reviewed the practice using the NHS Choices website and both had given the practice an overall rating of five out of five stars.

Park Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park Medical Practice

Park Medical Practice is located close to the centre of Shepton Mallet and there is a branch surgery in Evercreech which is approximately five miles away. Both sites were visited during the inspection. The practice serves a local and rural population of approximately 10,500 patients from the small market town and the surrounding rural area.

The practice operates from two locations:

Park Medical Practice

Cannards Grave Road

Shepton Mallet

Somerset

BA4 5RT

and

Evercreech Surgery

Prestleigh Road

Evercreech

Somerset

BA4 6JY

There is parking at both sites including allocated parking spaces for patients with a disability. The practice has a number of rooms which it makes available to other services; these include Somerset Drugs and Alcohol Service; and weekly sessions provided by Health Connections Mendip and the Citizens Advice Bureau.

The practice has eight GPs, four of whom are partners. Between them they provide 44 GP sessions each week and are equivalent to 5.5 whole time employees.

Five GPs are male and three are female. There are five practice nurses, whose working hours are equivalent to 3.25 whole time employees (WTE), including two non-medical prescribers who offer six sessions per week. Three health care assistants are also employed by the practice with combined hours of 2.0 WTE. The GPs and nurses are supported by twenty management and administrative staff including a practice manager and a deputy practice manager.

The practices patient population is expanding and the number of patients between the ages of 45 and 69 years is slightly above the national average. Approximately 20% of the patients are over the age of 65 years compared to a national average of 17%. The number of patients between the ages of 20 and 39 years, is slightly below the national average.

Approximately 56% of patients have a long standing health condition which is similar to the national average of 54%. Patient satisfaction scores are high with 94% of patients describing their overall experience at the practice as good compared to a national average of 85%.

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

important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 80 and 84 years respectively which is the same as the Clinical Commissioning Group averages and one year more than the national averages.

Both locations are open between 8.30am and 6.30pm Monday to Friday except for closure of the Evercreech surgery on Wednesday afternoons. Both sites are closed at lunch times from 1pm to 1.50pm, however, phone access for urgent calls was available from 8am and during lunchtimes. Appointments are available from 8:30am and the practice operates a mixed appointments system with some available to pre-book and others available to book on the day.

Extended hours appointments are offered at the Shepton Mallet site on Monday to Thursday evenings from 6.30pm until 7pm and the practice also offers telephone consultations. GP appointments are available from 8.30am until 11.00am and 3.30pm until 6.00pm. The practice does not provide out of hour's services to its patients, this is provided by Vocare. Contact information for this service is available in the practice and on the practice website. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided.

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

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 14 April 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:

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

Detailed findings

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

Requires improvement

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.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that usually lessons were shared and action was taken to improve safety in the practice. However, we found that not all actions when identified were completed and not all learning from the significant events was shared with other staff at the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. However, not all staff had received up to date infection control training. We did not see evidence of specific training for leading infection prevention and control; or that infection prevention and control training was provided as part of induction for all reception staff. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) 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. However, we found that four PGDs were out of date, with three PGDs (for child and adult influenza vaccination and for shingles vaccination) having expired in August 2015; and the PGD for rotavirus vaccination having expired in June 2015. We spoke to the practice

who, within 48 hours of the inspection, provided copies of current PGDs signed by all the nurses and the authorising GP. This ensured that medicines were administered in line with current requirements for safe and appropriate care.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, the fire risk assessment did not include assessment and mitigation of risks for the evacuation of wheelchair users from the first floor of the building.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

Since April 2015 the practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. Prior to 2015 the practice used QOF, a system intended to improve the quality of general practice and reward good practice. We looked at the QOF data for 2014/15. The practice achieved 76% of the total number of points available, which was lower than the clinical commissioning group (CCG) average of 80% and the national average of 95%. There was 5% exception reporting overall which was better than the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 89% pf patients with diabetes had influenza immunisations in the last 12 months, compared with the national average of 94%.
- Performance for mental health related indicators appeared worse than the CCG and national average. For example, 51% of patients with a mental health disorder had an agreed care plan documented in the last 12 months, compared with the national average of 88%.

We spoke to the practice about the QOF data and the use of the alternative local SPQS. We saw examples of the practice responding in effective and timely ways to patients suffering mental health conditions, to recognise risks and take appropriate action, including coordinated work with other health and social care professionals.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits completed in the last two years and all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing prescriptions for patients taking medicines to prevent ulcers in line with latest clinical guidance.
- We saw examples of using risk assessment schemes for patients at risk of cancer and those with cardiovascular disease.

Information about patients' outcomes was used to make improvements such as monitoring and reviewing outcomes for patients taking anti-coagulation medication.

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, fire safety and confidentiality.
- The practice worked with the local schools and colleges and develop a work placement training course for sixth form students who were interested in a future career in healthcare. This provided insight into a range of roles at a GP practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions had attended updates to support patients with asthma.

Good

Are services effective?

(for example, treatment is effective)

- 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. However, we found some patient group directives (PGDs) relating to immunisations were not current or authorised.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw evidence of daily meetings between GPs and community nurses.

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. For example, the practice participated in the Mendip Symphony scheme, using new models of care for patients with long term conditions and the frail elderly, to better engage with and meet their needs. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, the practice had adopted the Gold Standard Framework for end of life care.
- The practice used innovative and proactive methods to improve patient outcomes. For example, the practice had led the development and implementation of a micro spirometry programme that had been adopted across Somerset.
- Patients were signposted to relevant services and could access direct support through the Health Connections Mendip, including a range of social prescribing schemes. The practice had helped to establish the scheme and patients identified gaps in support which the scheme helped to address. For example, patients who attended

Good

Are services effective?

(for example, treatment is effective)

the 'Talking Cafe', identified a need for on-going support when patients finish the hospital based 'Life After Stroke' course. This resulted in a local stroke peer support group being established.

- 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%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% and five year olds from 89% to 97%.

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

Good

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 clinicians were offered where appropriate.

We spoke with five patients including two members of the patient participation group (PPG) and received three Care Quality Commission comment cards. Patients were satisfied with the care provided and said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% 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%.
- 92% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%.
- 97% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 88% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with 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.

We saw examples of care planning and service provision that had been tailored to meet the needs of individuals including those patients needing palliative care and those with mental health needs.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, we saw evidence of immunisation clinics providing a comprehensive service for families with young children; links to the local mental health worker for young people; and availability of sexual health and contraception advice and services.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 87% 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%.
- 95% 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%.

Good

Are services caring?

We saw examples of the practice involving the patients and carers in their care and providing guidance and support to make lifestyle changes that greatly improved their health. The practice provided access to social prescribing schemes and supported patients to engage and participate to achieve improvement in their health and social wellbeing. For example, patients could attend a consultation with a Health Connector to identify needs and be supported to build their knowledge, skills or confidence through a stroke support, pain management, health walk or relaxation group.

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.
- We saw a comprehensive pack of information for new patients and examples of leaflets translated into languages to meets the needs of patients whose first language was Polish or Portuguese. For example, we saw that nurses used information leaflets on childhood immunisations translated into Portuguese and Polish languages. Leaflets in Braille and easy read formats were also available.

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 236 patients as carers (2.3% of the practice list). The practice was in the process of identifying a carers champion and was working with Age UK and Compass Carers to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them. For example, through the Citizens Advice Bureau and Compass Carers who held regular drop in sessions at the practice. 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.

Good

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' each evening from Monday to Thursday until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. We saw an example of a patient with a learning difficulty and their carer where a longer appointment was provided and the management of chronic disease was discussed along with sources of support and access to other resources.
- 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, using the Gold Standard Framework (GSF). This is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by frontline care providers and ensuring involvement of the patient, their family and carers. 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 vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- We saw evidence of joint working and integrated care pathways along with close links with local commissioners and other providers. For example, we saw a case of end of life care involving community and secondary care services and ensuring involvement with the patient and family to achieve the patient's wishes in a timely way.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. For example, the practice provides social prescribing through the Health Connectors Mendip scheme and promoted health walks through the Zing Somerset scheme .
- There are innovative approaches to providing integrated patient-centred care. For example, patients used the My Life Plan scheme to document health and social care status, goals, available support and care; and to monitor improvement .
- The practice supported patients in three residential homes for the older people and three nursing homes; and supported patients with a drug dependency through the shared care scheme.

Access to the service

Both locations were open between 8.30am and 6.30pm Monday to Friday except for the closure of the Evercreech site from 1pm on Wednesday afternoons. Both sites were closed at lunch times from 1pm to 1.50pm, however, phone access for urgent calls was available from 8am and during lunchtimes. Appointments were from 8:30am to 11am every morning and 3.30pm until 6pm daily. Extended hours appointments were offered at the Shepton Mallet site on Monday to Thursday evenings from 6.30pm until 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 73%.
- 97% of patients said they were able to get an appointment when they wanted one, compared with the national average of 76%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw a comprehensive directory of services available in the waiting area that included information to signpost patients to services such as social wellbeing, mental health and bereavement support.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw evidence that analysis had been carried out, with involvement of the patient group, which had resulted in improved access to the practice by altering the proportion of same day and pre-bookable appointments.

The practice had a system in place to assess:

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

For example, the reception staff would speak to the patient or carer in advance by phone to gather information to allow a GP to make an informed decision to be made on prioritisation according to clinical need. 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. For example, patients can attend the 'sit and wait' clinic if their need is not sufficient to require a home visit 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 complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, in a timely way and with openness and transparency. We saw examples where the practice had demonstrated the duty of candour, giving a full explanation and apology where appropriate. 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.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

The practice had clearly stated aims and philosophy, along with a patient's charter which was displayed in the waiting areas and included in the practice booklet and website. Staff knew and understood the values. The practice's aims were to provide the highest possible medical, nursing and social care that was tailored to the individual's needs. They expressed they were committed to ongoing training of staff and working with patients and other support services to achieve this aim.

We saw a more detailed practice vision document along with a detailed practice development plan which reflected the vision and values and were regularly monitored.

We saw that all staff took an active role in ensuring high quality care on a daily basis and we saw that staff took an active role in ensuring high quality care on a daily basis and worked together as an effective team. Staff behaved in a kind, considerate and professional way.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, all staff had access to an electronic 'who does what' directory.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, we found gaps in the arrangements for up to date Patient Group Directives and infection prevention and control training.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw evidence of several quality improvement projects including clinical audits; the Sign Up to Safety campaign to reduce avoidable harm; and Eclipse Live prescribing safety system that automatically identifies at-risk patients and enables GPs to avoid emergencies and reduce visits, admissions and adverse outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. we saw evidence of regular monitoring of appointment availability, actual consultation times and of appointments running late. The results were discussed in business meetings and remedial actions agreed. For example, we saw that the proportion of appointments was adjusted to better meet demand.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

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

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

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

Are services well-led?

Good

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

- 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 regular team meetings and whole practice meetings at least once a year. GPs felt supported and each had a mentor from within the practice. We saw that staff across the practice demonstrated effective and co-ordinated team working for the benefit of patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted 'lunch and learn' events were held every three months covering topics such as a new clinical pathways navigator system. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, phone access to the practice had been reviewed and improved as a result of concerns raised in a PPG survey. We were told the PPG had carried out annual patient surveys over five years with results showing trends of improvement.
- The practice had participated in a local pilot scheme to offer appointments on Bank Holidays. However, it was found that there was insufficient demand to justify continuing such access.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in or were involved in the development of several local schemes to improve outcomes for patients in the area. For example GPs from the practice contributed to the local clinical commissioning group and the establishment of the Health Connectors Mendip scheme. This scheme enabled patients to speak to someone about improving their health and wellbeing, receive direct support or be signposted to a range of social prescribing schemes. We saw evidence that practice GPs and patients were benefiting from this involvement.

The practice was contributing to the development of the Somerset Together scheme to combine health and social care budgets to deliver outcome based services; and the Shepton Mallet Health Campus to improve local health and social care facilities and services. The practice was developing new models of care for patients with long term conditions and the frail elderly through the Mendip Symphony scheme. Innovation and best practice was being shared by the practice working with eleven other Mendip practices through the Your Health and Wellbeing Mendip scheme.

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 ensure the proper and safe management and administration of medicines as not all Patient Group Directions were current, authorised and signed before vaccinations were provided to patients. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 all staff had received appropriate and up to date training in infection prevention and control. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.