

The Meadows Surgery

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?

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 The Meadows Surgery on 23 May 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for The Meadows Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There were effective arrangements in place to assess, monitor, manage and mitigate risks in respect of health and safety. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts; and reviewing patients' medicines.
- Effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care. In particular, systems were in place to assess, monitor and improve the quality and safety of the service, including those for up to date record keeping, such as for staff training; and there was a rolling programme quality improvement, such as completed cycles of clinical audits.
- Sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the fundamental standards of care and treatment. In particular, staff had received and had a record of appropriate training relevant to their role, including infection prevention and control and safeguarding adults and children. Effective arrangements were in place to assess the competency of dispensary staff.
- A risk assessment had been completed regarding the location of the vaccine storage fridge to ensure appropriate infection prevention and control.
- Effective arrangements were in place for the security of blank prescription stationery when clinical rooms were not in use.

Summary of findings

- Arrangements for communication and records had been improved to ensure learning from complaints and incidents was shared and all actions were completed.
- Arrangements for management & leadership had been improved to ensure all staff have clarity of role, these were embedded in teams and adequate capacity and contingency arrangements for absence were in place.

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?

At our inspection on 23 May 2017, we found:

- The practice had systems, processes and practices to minimise risks to patient safety, however, we found that some were not implemented effectively. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts; security of prescriptions; and reviewing patient's medicines.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. However, we found gaps in the records of staff training including in infection prevention and control; and safeguarding adults and children.
- The provider should review arrangements including those for assessment of the competency of staff in the dispensary; infection prevention and control in relation to the location of the vaccine storage fridge; and for the security of blank prescription stationery.

At this inspection on 14 November 2017, we found:

- There were effective arrangements in place to assess, monitor, manage and mitigate risks in respect of health and safety. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts and reviewing patients' medicines.
- Sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the fundamental standards of care and treatment. In particular, staff had received and had a record of appropriate training relevant to their role, including infection prevention and control; and safeguarding adults and children.
- Effective arrangements were in place to assess the competency of dispensary staff.
- A risk assessment had been completed regarding the location of the vaccine storage fridge to ensure appropriate infection prevention and control.
- Effective arrangements were in place for the security of blank prescription stationery when clinical rooms were not in use.

Good



Are services well-led?

At our inspection on 23 May 2017, we found:

Good



Summary of findings

- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, some arrangements had not been implemented effectively including those to assess, monitor and improve the quality and safety of the service such as clinical audits; and reviews of patients' medicines.
- The partners encouraged a culture of openness and honesty. However, the practice did not have effective systems to ensure all notifiable safety incidents were shared and action was taken.
- There was evidence of learning and improvement at all levels and staff training was built into staff rotas. However, we found gaps in the records of staff training.
- The provider should review arrangements including those regarding sufficient management capacity and contingency arrangements for management absence to ensure effective leadership; and arrangements for communication and records to ensure learning from complaints and incidents is shared and all actions were completed.

At this inspection on 14 November 2017, we found:

- Effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care. In particular, systems were in place to assess, monitor and improve the quality and safety of the service, including those for up to date record keeping, such as for staff training and a rolling programme quality improvement, such as completed cycles of clinical audits.
- Arrangements for management & leadership had been improved to ensure all staff have clarity of role, these were embedded in teams; and adequate capacity and contingency arrangements for absence were in place.
- Arrangements for communication and records had been improved to ensure learning from complaints and incidents was shared and all actions were completed.

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 provider had resolved the concerns for safety and well-led identified at our inspection on 23 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Meadows Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC Lead Inspector.

Background to The Meadows Surgery

The Meadows Surgery was registered as a partnership until the retirement of one of the two partners in June 2016. Dr Austin then registered as an individual provider and continued to operate the practice. The practice serves 3,500 patients and is located in the small town of Ilminster in a rural part of Somerset, some 12 miles south east of Taunton. The modern, purpose built premises are shared with another practice; and offers dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. There is ample parking on site and the regulated activities are carried out at:

The Meadows Surgery

Canal Way

Ilminster

Somerset

TA19 9FE

The patient age distribution is similar to national and Somerset Clinical Commissioning Group (CCG) averages. There are slightly fewer patients aged 5 to 39 than the national average; and slightly more male patients aged 55

to 84 years than the national average. The practice has 55% (2015/16 data) of patients with a long standing health condition, which is similar to the Clinical Commissioning Group (CCG) average of 56% and national average of 53%.

Other Population Demographics:

The percentage of patients in paid work or full time education:

60% (slightly lower than the national average of 63%)

The area is in the fourth less deprived decile in the national index of deprivation.

Index of Multiple Deprivation 2015 (IMD):

16 (lower than the national average of 22)

Income Deprivation Affecting Children (IDACI):

14% (lower than the national average of 20%)

Income Deprivation Affecting Older People (IDAOP):

12% (lower than the national average 16%)

Average male and female life expectancy for the area is 82 and 86 years respectively, which are both three years more than the national average.

The practice has one GP who is the Individual Provider, supported one salaried GP; who together are equivalent to 1.3 whole time employees. One is male and one is female. Between them they provide twelve sessions of GP appointments each week, plus extended hours one evening per week.

There are three practice nurses, whose working hours are equivalent to 1.8 whole time employees (WTE); including one non-medical prescriber who offers the equivalent of 0.6 WTE per week. A fourth practice nurse offers ad hoc locum support. Two health care assistants are employed by the practice with combined hours of 1.2 WTE; along with

Detailed findings

four staff employed as dispensers. The GPs, nursing team and dispensers are supported by seven management and administrative staff including a practice manager. The practice is also supported by an emergency care practitioner and a clinical pharmacist.

The practice is open from Monday to Friday each week between 8.30am and 6pm, with telephone access from 8am until 6.30pm. Appointments are available typically from 8.30am until 12.30pm and 3.50pm to 5.50pm. Extended hours appointments, known as 'improved access', are offered on Thursday evening from 6.30pm to 7pm with the practice nurse; and alternate Thursdays between 6.30pm and 8pm with a GP and HCA. The dispensary is open Monday to Friday 8.30am to 6pm, except for closure, along with the practice, every Wednesday from 1pm to 2pm for staff training.

The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

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

When the practice is closed patients are directed to the NHS 111 service where patients can be referred to Vocare GP Out of Hours service if further clinical advice is required. This practice along with a number of practices in Somerset Clinical Commissioning Group (CCG) opted out of national

QOF arrangements from 2014/15 onwards, in order to participate in an alternative, locally developed quality scheme (Somerset Practices Quality Scheme – SPQS). This means that reporting on individual clinical indicators will appear lower than practices who have continued to deliver national QOF. This does not mean that there was any drop in the quality of clinical care, practices were continuing to provide care in accordance with NICE guidelines.

Why we carried out this inspection

We undertook a comprehensive inspection of The Meadows Surgery on 23 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for The Meadows Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Meadows Surgery on 14 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of The Meadows Surgery on 14 November 2017. This involved reviewing evidence that:

- relevant staff had now completed and had a record of training appropriate to their role.
- an ongoing quality improvement plan, including clinical audits, had been implemented.
- systems were in place to address Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts; and to review patients' medicines.
- arrangements for communication and records were in place to ensure learning from complaints and incidents.
- arrangements were in place to assess the competency of dispensary staff
- arrangements were in place for the security of blank prescription stationery.
- policies and procedures had been updated.

During our visit we spoke with a range of staff, including a GP, practice manager members of the nursing team.

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

Are services safe?

Our findings

At our previous inspection on 23 May 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of ensuring all safety alerts were addressed; medicines reviews; staff training and assessment; infection control; and security of blank prescription stationery were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 14 November 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our inspection on 23 May 2017, we found:

- The practice did not have effective systems to ensure awareness of all notifiable safety incidents in order to share information with relevant GPs and staff; and ensure appropriate action was taken. This did not ensure care and treatment was provided in a safe way to patients. A protocol for the dissemination of drug alerts, patient safety notices, guidance and formularies had not been fully implemented. Whilst safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA), were forwarded to the dispensary who logged these and appropriate action taken; the process to forward alerts relevant to GPs was not implemented effectively.
- The practice was supported by a pharmacist who undertook reviews of patients' medicines. However, we found there was a backlog in completing these reviews with, for example, some patients' last medicines review having been completed in 2015. This did not ensure care and treatment was provided in a safe way to patients.

At this inspection on 14 November 2017, we found:

- There were effective systems in place to ensure awareness of all notifiable safety incidents and that information was shared with relevant GPs and staff; and that appropriate action was taken. Within a week of the 23 May 2017 inspection, the practice had provided evidence that the relevant protocol had been reviewed and updated; and the process was being fully implemented. At this inspection saw records of recent

safety alerts and saw that all were filed electronically. We looked at four alerts relevant to the practice that were received between June and September 2017 and saw records of appropriate action taken.

- There was evidence that reviews of patients' medicines were being carried out to ensure care and treatment was provided in a safe way to patients. For example, we saw a list of over 400 patients who had been due for a medicines review after the inspection in May 2017 had been addressed and only 24 reviews were currently ongoing. We spoke with staff undertaking the reviews and saw examples of positive outcomes for patients including queries sent to GPs, letters inviting patients to reviews, appointments made for patients, reduced dosages of medicines and home visits carried out. We saw that electronic patient records had been reviewed and improved. For example, medicines that were no longer required had been removed from current lists of medicines needed, duplicate entries had been removed and alerts regarding review due dates were in place. We also saw that meetings had been held, along with two other local practices, with representatives from the Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC) where medicines reviews had been discussed.

Overview of safety systems and process

At our inspection on 23 May 2017, we found:

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding, however, during the inspection we found records did not confirm that all staff had received training on safeguarding children and vulnerable adults; and to act as a chaperone, where relevant to their role. We spoke to the practice who provided, within 48 hours of the inspection, evidence that staff would be undertaking training in safeguarding children and adults.
- The advanced nurse practitioner (ANP) was the infection prevention and control (IPC) clinical lead. However, the role was not included in the ANP job description and there was no evidence of ongoing liaison with the local infection prevention teams to keep up to date with best practice.
- There were Infection Control Policy; and Hand Hygiene Policy and Audit documents available. However, IPC and hand hygiene audits had not been undertaken and only three staff had a record indicating they had received up

Are services safe?

to date training. We spoke to the practice who undertook an IPC audit during the inspection and provided a copy of the resulting action plan. We also discussed infection prevention and control in relation to the location of the vaccine storage fridge.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, whilst clinical rooms were locked when not in use, blank prescription forms were accessible within the rooms, for example to contractors on site. The practice should review arrangements to ensure the security of blank prescription stationery when clinical rooms are not in use.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary. However, arrangements for competency assessment should be reviewed to ensure involvement of dispensary staff.

At this inspection on 14 November 2017, we found:

- Sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the fundamental standards of care and treatment. We saw an electronic training record listing all GPs and staff that covered all training for each role. This showed training completed, due, being completed or highlighted any gaps. The records demonstrated that all relevant staff had a record of appropriate training for their role, including in basic life support; acting as a chaperone; fire safety; infection prevention and control; information governance; and for safeguarding vulnerable adults and children. GPs were trained to child safeguarding level three and nurses to level two.
- We also saw records of induction, supervision and training for a new member of the nursing team. We spoke with relevant staff who told us they felt supported and confident in the new role following training and development.

- The role of the advanced nurse practitioner (ANP) had been clarified and we saw that the job description for the role included being infection control lead for the practice. We spoke with the ANP who was clear regarding the role and we saw records showing infection prevention and control had been discussed at a staff meeting in August 2017.
- There was evidence that infection prevention and control (IPC) was effectively managed. For example, we saw that actions from the IPC audit in May 2017 had been completed; and that a further audit had been carried out in August 2017, with actions identified and records showing completion. Hand hygiene audits had also been carried in August and November 2017; and we saw that IPC training, including on hand hygiene, was carried out on line and at a whole practice staff meeting in August 2017. We saw that clinical equipment was being cleaned and there were records showing that this was standard practice.
- A risk assessment had been completed regarding the location of the vaccine storage fridge to ensure appropriate infection prevention and control.
- There were effective arrangements in place for the security of blank prescription stationery when clinical rooms were not in use. For example, we saw that a process had been implemented in May 2017 to remove blank stationery from clinical rooms when not in use and store them in locked cabinets or drawers. We saw records showing that serial numbers of blank prescription stationery were recorded; and suggested that control could be further improved through regular auditing.
- There were effective arrangements were in place for the clinical pharmacist to assess the competency of dispensary staff. For example, we saw records of observations of staff to ensure they were following standard operating procedures (SOPs) and that all SOPs had been reviewed in October 2017.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 23 May 2017, we rated the practice as requires improvement for providing well-led services as not all governance arrangements had been implemented effectively. These included arrangements to assess, monitor and improve the quality and safety of the service, such as clinical audits; for reviews of patients' medicines; to ensure learning from complaints and safety incidents was shared and actions were completed; for record keeping, including of staff training; and relating to sufficient management capacity and contingency for management absence.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 November 2017. The practice is now rated as good for being well-led.

Governance arrangements

At our inspection on 23 May 2017, we found:

The practice had some governance arrangements to support the delivery of the strategy and good quality care. However, we found that a number of processes that were not fully implemented to ensure the provision of good quality care. For example:

- GPs and nurses had lead roles in key areas. However, we found that the roles within the nursing team were not fully embedded, for example, in relation to infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, we found the policy on safeguarding children did not contain up to date details, for example, to match key contacts on the practice intranet; and was awaiting approval by the main GP.
- An 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. We saw the meetings structure allowed for lessons to be learned and shared following incidents, significant events and complaints. However, evidence from minutes of meetings did not confirm that learning was shared or that actions were completed.

- There were ineffective arrangements in place to assess, monitor, manage and mitigate risks to the health and safety of service users. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts; and reviewing patient's medicines.
- The practice did not have effective systems for recording keeping. For example, to demonstrate that all staff had received and had a record of appropriate training relevant to their role, including up to date training in infection control; and safeguarding adults and children.
- The practice did not have a programme of continuous clinical audits to monitor quality and to make improvements. For example, none of the four clinical audits that had been carried out were full cycle audits and did not demonstrate improved outcomes for patients.

At this inspection on 14 November 2017, we found:

- The roles within the nursing team had been clarified. For example, we saw that the job description for the advanced nurse practitioner (ANP) included the role of infection control lead for the practice. We spoke with the ANP who was clear regarding the role and we saw records showing infection prevention and control had been discussed at a staff meeting in August 2017.
- The policy on safeguarding children was up to date, with current details for key contacts and had been approved by the main GP.
- There were arrangements in place for effective communication and records had been improved to ensure learning from complaints and incidents was shared and all actions were completed. For example we saw minutes of practice meetings, held monthly, that provided opportunities for staff to learn about the performance of the practice. We saw that meetings included discussion of lessons learned and shared following incidents, significant events and complaints. We saw in the record of a significant event that the actions agreed in the meeting had been completed.
- There were effective arrangements in place to assess, monitor, manage and mitigate risks to the health and safety of service users. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. We saw that the protocol for dissemination of drug alerts, patient safety notices, guidance and formularies had been reviewed

Are services well-led?

Good 

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

and updated in May 2017 and was implemented effectively. For example, we saw that all recent safety alerts were filed electronically; and there were records of appropriate action taken for relevant alerts.

- The practice had improved arrangements to for reviewing patient's medicines. For example, the number of patients who had been due for a medicines review after the inspection in May 2017 had been reduced to only 24 of the 3,500 patients on the practice list.
- The practice had improved the systems for recording keeping, including electronic training spreadsheet showing that all staff had received and had a record of appropriate training relevant to their role, including in infection control; and safeguarding adults and children.
- The practice had a rolling programme of quality improvement, including completed cycles of clinical audits. For example, we saw two completed full cycle audits that demonstrated improved outcomes for patients; and a further audit underway. For example, we saw evidence that an audit of patients diagnosed with diabetes had been carried out in December 2016; the initial results had been discussed at a clinical meeting in January 2017 and improved processes were agreed. We saw that these had been implemented effectively, resulting in evidence of improved care for patients when the audit was repeated in August 2017. This included an improved recall system; identification of and advice to pre-diabetic patients; and implementing more frequent monitoring of patients with diabetes.

Leadership and culture

At our inspection on 23 May 2017, we found:

- Leadership is provided by the practice management team comprising the lead GP, who is registered as an individual provider, and a part time practice manager. There is no deputy practice manager although some

cover for absence is provided by a medical secretary. On the day of inspection the management demonstrated they had the experience and capability to run the practice and provide good quality care. Staff told us the management were approachable and took the time to listen to all members of staff. However, the lead GP had limited capacity to ensure sufficient time was available to reflect upon and provide the leadership and governance role. For example, the lead GP worked nine out of ten potential sessions during normal surgery hours, plus one evening session, each week. This presents a risk in the ability of the practice to provide sufficient and sustainable capacity for effective leadership and governance.

At this inspection on 14 November 2017, we found:

- Arrangements for management and leadership had been improved to ensure there was adequate management capacity; and contingency arrangements for absence were in place. For example, we saw that additional clinical and social care staff were supporting the practice and reducing the demand on the GPs. These included an emergency care practitioner, able to carry out acute home visits; a pharmacist, able to undertake medicines reviews, including for housebound patients, and to support patients being discharged from hospital; and a community agent able to support patients with social care issues, who previously sought help in GP appointments. Some of these initiatives had been developed with other local practices in a federation.
- Contingency arrangements were in place with the adjacent practice and were effective. For example, during a loss of IT connection, patients could be seen in the adjacent practice premises and other staff were able to work remotely until the connection was restored.