

Dr A R Bridge and Partners

Quality Report

Martock Surgery
Church Street,
Martock,
Somerset
TA12 6JL

Tel: 01460 240707

Website: www.martocksurgery.co.uk

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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 effective?

Good



Key findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A R Bridge & Partners (which at that time was known as Dr J R Buckle and Partners) on 18 February 2016. The overall rating for the practice was requires improvement. A follow up inspection was carried out on 29 June 2017. The overall rating for the practice was good, however, the effective services were found to require improvement. The report on the full comprehensive inspection in February 2016 and the follow up inspection in June 2017 can be found by selecting the 'all reports' link for Dr A R Bridge & Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection in June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good overall and good for providing effective services.

Our key findings were as follows:

- There are systems in place to ensure all persons employed received appropriate training, relevant to their role. For example, we saw records showing all staff are trained in safeguarding adults, safeguarding children and fire safety.
- The provider had reviewed administrative systems to improve telephone access to non-urgent appointments.

However, there were also areas of practice where the provider should make improvements:

- Continue to review arrangements to improve telephone access to non-urgent appointments.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Dr A R Bridge and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC Lead Inspector.

Background to Dr A R Bridge and Partners

Dr A R Bridge and Partners supports 11,085 patients in a largely rural area of South Somerset. Services are provided from the main location of Martock Surgery, Church Street, Martock, Somerset, TA12 6JL and a branch surgery; South Petherton Medical Centre located at Bernard Way, South Petherton, Somerset TA13 5EG. The branch surgery was not visited during the follow up inspections in June 2017 and March 2018. Martock Surgery was purpose built in 1991 in the centre of Martock. South Petherton Medical Centre was purpose built in 2012 on the outskirts of South Petherton adjacent to the community hospital. There is full access for people with disabilities including a lift. There is an independent pharmacy attached to South Petherton surgery.

There are six GPs, five of whom are partners. Three are male and three are female. Between them they provide 42 GP sessions each week. The GPs are supported by five practice nurses, whose working hours are equivalent to 3.7 WTEs (whole time equivalents), two nurse practitioners who are non-medical prescribers, two health care assistants and a clinical pharmacist. The GPs and nurses are supported by thirty-four management and administrative staff including a business manager, operations manager, finance officer, IT Lead and five health coaches appointed in 2017.

The practice's patient population is expanding and has lower than average numbers of patients, both male and female, between the age of 20 and 39 years than the national average. There are more than average numbers of patients, both male and female, over the age of 60.

Average male and female life expectancy for the area is two years above the national average of 79 and 83 years respectively and one year above clinical commissioning group (CCG) averages for each gender. Approximately 29% of the patients are over the age of 65 years compared to a national average of 17%. Approximately 61% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for appointments.

National GP patient survey results (July 2017) were lower than average with regard to telephone access with 32% of patients finding it easy to get through to the surgery by phone, compared to a national average of 71%.

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

Martock Surgery is open between 8.30am and 6.30pm every Monday, Tuesday, Thursday and Friday, and between 8.30am and 1pm every Wednesday. Appointments are available from 9am until 11.30 am and 3.30pm until 6pm; with extended hours, pre-booked appointments available from 6.30pm until 7pm every Tuesday and Thursday.

The branch surgery, South Petherton Medical Centre, is open between 8.30am and 6.30pm every Tuesday, Wednesday and Friday; between 8.30am and 6pm every Monday; and between 8.30am and 5pm every Thursday.

Detailed findings

Appointments are available between 9am and 11.30 am; and 3.30pm and 6pm. Extended hours appointments are available between 6.30pm and 7pm every Tuesday and Thursday; and between 8.30am and 11am on alternate Saturdays.

GPs offered patients telephone consultations, appointments and performed home visits where appropriate. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to access an Out of Hours service delivered by another provider.

The practice is taking part in the Primary Care Improvement Scheme in collaboration with other practices in the South Somerset area, which involves providing a total of 45 hours each week, with opening hours until 8pm Monday to Friday and Saturdays between 8.30am and 12noon on a rota basis.

The practice has a Personal Medical Services contract with NHS England to deliver health care services; the contract includes enhanced services such as health screening, antenatal and postnatal care, immunisations, contraceptive services, chronic disease management, care and treatment of mental health and social related illnesses, drug and alcohol problems and the management of smoking cessation.

Why we carried out this inspection

We undertook a comprehensive inspection at Dr A R Bridge and Partners (which at that time was known as Dr J R

Buckle and Partners) on 18 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement.

We undertook an announced focused inspection on 29 June 2017 to review the actions taken by the practice to improve the quality of care and to check that the practice was meeting legal requirements. The overall rating for the practice was good, however, the effective services were found to require improvement. The report on the full comprehensive inspection in February 2016 and the follow up inspection in June 2017 can be found by selecting the 'all reports' link for Dr A R Bridge and Partners on our website at www.cqc.org.uk.

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

During our visit we spoke with practice management and administrative staff and reviewed the staff training records.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 February 2016, we rated the practice as requires improvement for providing effective services, in particular in relation to the arrangements for quality improvement, including clinical audits; and staff appraisal and training. These arrangements had significantly improved when we undertook a follow up inspection on 29 June 2017. However, the practice was still rated as requires improvement for providing effective services as the systems in place for staff training had not been fully implemented.

In June 2017 we saw evidence that there had been improvement in how staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out their roles. For example:

- The practice had implemented a new training team which consisted of administrators and clinicians who had lead roles in scheduling, organising and delivering training as well as having an overview of the new staff training matrix.
- The practice had implemented a staff training matrix in November 2016 that recorded training requirements for all staff, when training had been completed and when staff were due to complete refresher training. We saw evidence that all relevant staff had completed training in chaperoning, infection control and the Mental Capacity Act (2015).
- However, we found that there were still gaps in training. For example, six administrative staff had not completed training in safeguarding adults and four administrative staff had not completed training in safeguarding children. We found that 11 staff had not undertaken fire safety training, however, this training had been scheduled for July 2017.

At this inspection in March 2018 we saw evidence that all GPs and staff had an up to date record of training relevant to their role. The training matrix recorded that appropriate training had been completed in subjects including basic life support, safeguarding adults and children, fire safety, information governance, infection prevention and control, mental capacity act, acting as a chaperone, preventing radicalisation, health & safety and emergency procedures.

In June 2017 we saw that GP patient survey data (published July 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. However, these results showed improvements in patient satisfaction since January 2016. For example, 51% 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%. This was an improvement of 11% since January 2016.

At this inspection in March 2018 we saw the GP patient survey data (published July 2017) showed a decline in patients' satisfaction with access. For example, 32% of patients found it easy to get through to the surgery by phone, compared to a national average of 71%.

We spoke to the practice who told us that, since the June 2017 inspection, they had reviewed the arrangements for telephone access and had implemented a number of improvements. For example:

- The practice phone system had been updated to handle more callers, improve call queuing and reduce unanswered 'drop-out' calls.
- More staff were deployed to answer phones at times of peak demand.
- Pre-bookable appointments were now available up to six weeks in advance; and a new triage system, including a call back from a GP, was in place to improve access to GPs.
- A new practice leaflet had been produced and the Patient Participation Group (PPG) were also encouraging patients to call at any time of day to reduce peaks in demand.
- Health coaches worked proactively to contact patients, for example in relation to hospital discharge and referrals made by GPs, to reduce the number of calls to the practice.

The most recent patient survey data was due to be published in July 2018. However, we saw an example of a case study from the PPG where prompt phone access to a GP had been achieved by a patient using the new arrangements.