

Highbridge Medical Centre

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 effective?

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 of the practice on 13 June 2017. The service was rated as requires improvement for safe and effective and good for caring, responsive and well-led. We rated the service as good overall. We issued a requirement notice in regards to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. The full comprehensive report on the 13 June 2017 inspection can be found by selecting the 'all reports' link for Wellington House on our website at www.cqc.org.uk.

This inspection was an announced focused follow up inspection carried out on 10 October 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 on 13 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 for providing safe and effective services.

Our key findings were as follows:

- Systems and processes such as for mandatory training and infection, prevention and control measures were in place to keep patients safe.
- The practice demonstrated they were driving quality improvement in patient outcomes.
- There was enough clinical staff to keep patients safe and deliver effective care and treatment.

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 last inspection on 13 June 2017, we rated the safe domain practice as requires improvement for providing safe services. We told the practice improvements should must be made. Following this inspection we have rated the practice as good for providing safe services.

We saw improvements to infection prevention and control measures and to the arrangement to manage refrigerated medicines.

Concerns around fire safety management including staff training had been rectified.

Good



Are services effective?

At our last inspection on 13 June 2017 we rated the practice as requires improvement for providing effective services. We told the practice they were not meeting the requirements for Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Following this inspection we have rated the practice as good for providing effective services. We saw evidence of quality improvement including a robust clinical audit plan and ongoing audits to drive improvement in patient outcomes. This included a plan to review patient records around the recording of patient consent to treatment.

Clinical staffing had improved with the employment of additional salaried GPs and a plan was in place to continue recruitment. The staff rota and appointments system showed maximum clinical cover on most days. Additional staff such as advanced nurse practitioners had been recruited into posts to optimise workflow.

The practice had made considerable improvements in ensuring all staff were up to date with mandatory training and annual appraisals.

Good



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 has resolved our concerns with safe and effective services identified at our inspection on 13 June 2017. The concerns applied to everyone using this practice, including this population group.

The practice is now rated as good for the care of older people to bring the rating in line with key question the overall ratings.

Good



People with long term conditions

The provider has resolved our concerns with safe and effective services identified at our inspection on 13 June 2017. The concerns applied to everyone using this practice, including this population group.

The practice is now rated as good for the care of people with long term conditions to bring the rating in line with key question the overall ratings.

Good



Families, children and young people

The provider has resolved our concerns with safe and effective services identified at our inspection on 13 June 2017. The concerns applied to everyone using this practice, including this population group.

The practice is now rated as good for the care of families, children and young people to bring the rating in line with key question the overall ratings.

Good



Working age people (including those recently retired and students)

The provider has resolved our concerns with safe and effective services identified at our inspection on 13 June 2017. The concerns applied to everyone using this practice, including this population group.

The practice is now rated as good for the care of working age people to bring the rating in line with key question the overall ratings.

Good



People whose circumstances may make them vulnerable

The provider has resolved our concerns with safe and effective services identified at our inspection on 13 June 2017. The concerns applied to everyone using this practice, including this population group.

Good



Summary of findings

The practice is now rated as good for the care of people whose circumstances may make them vulnerable to bring the rating in line with key question the overall ratings.

People experiencing poor mental health (including people with dementia)

The provider has resolved our concerns with safe and effective services identified at our inspection on 13 June 2017. The concerns applied to everyone using this practice, including this population group.

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia) to bring the rating in line with key question the overall ratings.

Good



Highbridge Medical Centre

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 Doctor in a speciality training post with the CQC known as a Clinical Fellow.

Background to Highbridge Medical Centre

Highbridge Medical Centre is located in Highbridge, a town situated seven miles north of Bridgwater, on the edge of the Somerset Levels in the Sedgemoor district of the County of Somerset. The practice provides primary medical services to approximately 12,697 patients living in Highbridge and the surrounding area.

Data from Public Health England show that the practice had a higher than average population of patients over 65, ; 28%, in comparison with the clinical commissioning group (CCG) average of 23% and a national average of 17%. The population of Highbridge on average is older than the national average. In addition there are a large number of single parent families. The practice is situated in an area with less deprivation compared to national averages, with a deprivation score of 22% compared to the CCG average of 18% and the national average of 22%.

The practice was previously inspected by the CQC on 29 September 2015 and 2 August 2016 under the previous Provider. As a result of an inadequate rating, the service was placed into special measures. On 1 April 2017, Symphony Health Services became the registered provider

for Highbridge Medical Centre. On 1 April 2017 Symphony Health Services became the registered provider for the location. We inspected the service location on 13 June 2017.

Symphony Health Services (SHS) is one of the NHS England Vanguard schemes, known as South Somerset Symphony programme. (As a subsidiary of Yeovil District Hospital NHS Foundation Trust). SHS currently has eight general practice locations within Somerset.

The practice is located in a purpose built surgery built in 1993 which is leased to SHS. The practice has a spacious waiting area with the ground floor and the consulting rooms are accessible to patients. The first floor provides administrative rooms. Within the building is an independent pharmacy. The locality health visitors' service is based within the practice.

The practice has a Primary Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provides enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients diagnosed with dementia and minor surgery.

The practice is open from 8.30am to 6.30pm with emergency phone lines open from 8am. Extended hours surgeries are available on Wednesday evenings until 7pm and Thursday evenings until 8pm. The practice closes at 1pm one Tuesday per month for training. During this time patient care is provided by another practice under a reciprocal agreement.

The practice team includes 3.48 WTE (whole time equivalent) salaried GPs which equates to 35 clinical sessions per week, with a current vacancy of for 1.62 WTE. At the time of our inspection the hours for the vacancy were being filled with mostly locum GPs who had a specific long term contract with SHS. A further GP had been recruited

Detailed findings

and is due to commence employment later in the year which will reduce the GP vacancy to 0.5 WTE. The practice also employs five WTE practice nurses, two WTE health care assistants; one WTE advanced nurse practitioner, 0.75 WTE pharmacist, one WTE primary care practitioner and a practice manager. In addition, a permanent deputy practice manager had commenced employment and the practice has recruited additional administrative and reception staff. In addition the clinical lead GP for the practice undertakes patient care.

The practice works closely with a local community healthcare provider to provide a mental health practitioner for two sessions per week. A village agent attends the practice once weekly to provide support isolated, vulnerable and lonely patients with a signposting and referral service.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access a local provider which provides an NHS 111 and an Out Of Hours GP service.

[EJB1]At this inspection, or at previous inspections, or since new provider?

Why we carried out this inspection

We undertook a comprehensive inspection of Highbridge Medical Centre on 13 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good.

We undertook a follow up focused inspection of Highbridge Medical Centre on 10 October 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

During our visit we:

- Spoke with a range of staff such as the practice manager, deputy practice manager and GP clinical lead.
- Spoke with representatives of Symphony Health Services and members of their governance team including the quality lead and the human resources lead.
- Reviewed policies, procedures, action plans and other evidence.

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

Are services safe?

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection prevention and control measures and fire safety needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our previous inspection we saw there was a potential infection, prevention and control (IPC) risk as some measures to minimise risk to staff and patients were not in place.

We found the practice now undertook monthly IPC measures with a new, more effective checklist which incorporated a recorded action plan to address any required improvements identified as a result of the checks. An annual IPC statement and infection prevention and control risk assessment were evidenced undertaken as per the infection prevention and control policy. We saw evidence that other areas for improvement, such as access to disinfectant wipes within the baby changing area, were

in the process of being implemented with an action plan in place for the provider's maintenance team. Staff had received IPC measures e-learning and a face to face training had been organised.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Previously we had raised a concern around the system for keeping specific medicines that required refrigeration at their optimum temperature. During this inspection we saw an improvement in the storage of these medicines; however the practice should maintain sufficient space around influenza vaccines for air to circulate to allow for temperature consistency.

Monitoring risks to patients

At our previous inspection, staff had not received fire training and although the practice had fire marshals and a fire officer in place there was no one with overall fire safety responsibility.

During this inspection we found there were procedures for assessing, monitoring and managing fire risks to patients and staff. The deputy practice manager had overall responsibility for fire safety and staff had undertaken mandatory fire safety training and fire drill practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical staffing needed improving. We also told the provider they should embed clinical audits and re-audits to improve patient outcomes and consider a process to check patients consent to treatment has been recorded appropriately.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit:

- We saw the GP clinical lead had raised the profile of audit within the culture of the practice and there was good evidence to support this. For example, an audit working group had been set up alongside an annual audit plan. Audits were a regular item at the practice meetings to enable clinicians to share lessons learnt and engage in any required actions to improve services.
- We looked at three four clinical audits commenced since our previous inspection in June 2017. All the audits had completed a first audit cycle.
- We also reviewed medicine audits, a national audit on end of life care and an annual review of patients with diabetes who were housebound and had not received their annual monitoring. A plan was in place to address any outstanding actions.

Effective staffing

- Symphony Health Services had recently introduced a new mandatory training programme consisting of both e-learning and face-to-face training for all staff. We looked at the training records and saw the practice had made considerable improvements in ensuring all staff were up to date or in the process of completing the mandatory training. For example, staff had recently undertaken fire safety training and participated in a fire drill. Completion of face to face infection, prevention and control measures training was booked for the October training session.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw an improvement in numbers of staff who had received an appraisal and a schedule was in place to complete any that were outstanding.
- During our previous inspection we had been concerned about the high level of locum GP usage. At this inspection we saw there were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Symphony Health Services (SHS) had a proactive approach to workflow optimisation and were working hard to recruit GPs. At the time of our inspection, the whole time equivalent (WTE) salaried GPs had increased from 2.25 to 3.48 WTE salaried GPs which equated to 35 clinical sessions per week, with a vacancy reduction from 2.25 WTE to 1.62WTE. In addition an additional GP was due to start which would reduce the vacancy rate to 0.5WTE. We looked at the recruitment plan and the practice told us how they had improved workflow optimisation to allow for increased patient access to a clinician. For example, by enabling the administration team to manage and action letters from other organisations GPs had more availability for appointments.
- There was a rota system in place and we saw the recruitment of new GPs ensured maximum coverage on days that had previously had reduced clinical cover.
- A remote working GP had been recruited who dealt with diagnostic and screening test results coming into the practice. This meant there were more GP face to face appointments available. We saw evidence this role was reviewed at weekly meetings and an audit had been completed to show monitor the effectiveness of this service. Locum GPs were used when required whilst recruitment was ongoing. SHS had recruited some of the regular locums into temporary contracts which included additional requirements to undertake home visits and manage actions from test results. This meant there was continuity of care for patients. The local clinical lead also assisted with appointments when possible.
- Two advanced nurse practitioners had been employed to support the clinical team by working within their competencies as non-medical prescribers along with an additional practice nurse.

Are services effective?

(for example, treatment is effective)

- The practice had a permanent practice manager and deputy in place who provided positive feedback about staff. We also saw an improvement in the number of compliments staff received from patients.

Consent to care and treatment

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

At our previous inspection on 13 June 2017 we asked the service to consider a process to check that patient's consent was recorded appropriately. The practice had reviewed the patient records and saw nursing staff always recorded consent. They told us a discussion around consent was due to take place between the provider and the practice which would include an audit to understand how the recording of consent was documented within patient records.