

# Creech 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 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	13
Background to Creech Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Creech Medical Centre on 24 November 2015. 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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.
- There was a clear leadership structure and staff felt supported by management. 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.

We saw two areas of outstanding practice:

- The patient participation group (PPG) was prominently active within the practice and was involved in staff recruitment. They sat on the interview panel during recent interviews for a new practice manager; had arranged patient educational events; and as a result of their patient survey feedback, the appointment system had been revised and improved.

# Summary of findings

- The practice worked with local 'Village Agents' to help provide support to isolated patients on their lists by providing information to patients who might benefit from extra support or contact.

The areas where the provider should make improvement are:

- Review systems for recording alerts on the patient record system to ensure GPs, particularly locum GPs, are made aware of any concerns about patients.

- Review the programme of audits to ensure practice performance can be measured effectively in the absence of the Quality and Outcomes Framework measures.
- Review care plans to ensure they are routinely updated as well as following changes to patients' needs or diagnosis.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. However, information alerts would benefit from a review to ensure all vulnerable patients had an up to date alert in place.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- Privacy and dignity was maintained throughout patient appointments.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, participation in the Symphony project which provided new integrated care models for patients with long term conditions to ensure their wellbeing.
- The practice was part of the Taunton Deane Federation of 14 GP practices which provided patients with wider access to locally based services rather than having to attend hospital.
- Patients we spoke with during our inspection 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 in place for knowing about notifiable safety incidents

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered personalised care to meet the needs of the older people in its population. However, care plans were not always reviewed unless a change in the patient's diagnosis prompted an update.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept a list of patients from whom they would accept telephone prescription requests. The attached pharmacy, in conjunction with the practice, arranged home delivery of medicines to the patients as well as organising dossett boxes and trays to minimise any errors of taking medicines.
- The practice worked with local 'Village Agents' (a Somerset community project) to help provide support to isolated patients on their list by providing information to patients who might benefit from extra support or contact.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The nursing team were experienced and qualified in all chronic disease management and provided regular nurse led patient reviews for patients with long term conditions. Longer appointments were provided, usually 30 minutes, for these patients. Patients were reminded of their appointment and had their regular investigations in advance of their appointment.
- The practice had recently started working with a 'Well-being Advisor' via a local Symphony project (A project to support

Good



# Summary of findings

patients with three or more illnesses to be maintained in the community rather than in hospital). This advisor was the point of contact for patients with long term illnesses in order to stream line patient care.

## Families, children and young people

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

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us 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's uptake for the cervical screening programme was 78.98%, which was comparable to the national average of 81.88% and in line with other Taunton and Dean practices.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- GP's carried out paediatric phlebotomy to help reduce the need to send patients to hospital based paediatric phlebotomy services, and provide the service in a familiar less stressful environment.
- One of the GPs provided sex education talks to nine and ten year olds at the adjacent primary school as part of their education programme.

Good



## Working age people (including those recently retired and students)

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.
- 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.

Good



# Summary of findings

- Extended hours were offered on Monday, Wednesday and Thursday evenings between 6:30pm and 7pm and on Thursday mornings from 7am until 8am for pre-booked appointments for those patients who could not visit the practice during normal hours.
- The practice offered online booking facilities for non-urgent appointments and an online repeat prescription service.

## People whose circumstances may make them vulnerable

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 those with a learning disability.
- The practice offered longer appointments for people with a learning disability if required and provided the appointments at times which suited the patient.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- They told vulnerable patients and their carers 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.
- Patients diagnosed with learning difficulties received an in-depth medical examination annually. During this examination, the problems of their disability were investigated, as well as considering general health promotion, for example, smoking cessation, alcohol use status and cardiovascular risk stratification.
- Meetings were held every four weeks with the palliative care team to discuss any needs in the care of terminally ill patients.
- Patients requesting an appointment for emotional or mental health concerns were given a double appointment.

Good



## People experiencing poor mental health (including people with dementia)

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

- All patients over the age of 75 years
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- They 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.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was generally performing in line with local and national averages. 248 survey forms were distributed and 115 were returned. The patient survey response rate was 46.4% and represented approximately 3% of the practice's total patient population.

- 80.8% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 78.6% and a national average of 73.3%.
  - 78.2% found the receptionists at this surgery helpful (CCG average 89%, national average 86.8%).
  - 80.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.8%, national average 85.2%).
  - 86% said the last appointment they got was convenient (CCG average 93.7%, national average 91.8%).
  - 63.4% described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).
- 19% usually waited 15 minutes or less after their appointment time to be seen (CCG average 70.1%, national average 64.8%). The practice had responded to this survey point by changing GP start times and improving the appointment system.
  - Summary information from the practices 'Friends and Families' survey, (May to October 2015) showed 88% of patients responding to the survey were 'likely' or 'extremely likely' to recommend the practice to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 completed Care Quality Commission comment cards, all were positive about the standard of care received. There were two negative comments about the waiting area and about appointments not always being on time included in the 18 comment cards received. Positive comments included; staff always being polite and friendly, doctors and nurses listening carefully to patients during consultation and about receiving excellent care and treatment.

We spoke with 16 patients during the inspection and four members of the practices patient participation group. All patients said that they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review systems for recording alerts on the patient record system to ensure GPs, particularly locum GPs, are made aware of any concerns about patients.
- Review the programme of audits to ensure practice performance can be measured effectively in the absence of the Quality and Outcomes Framework measures.
- Review care plans to ensure they are routinely updated as well as following changes to patients' needs or diagnosis.

## Outstanding practice

We saw two areas of outstanding practice:

- The patient participation group (PPG) was prominently active within the practice and was

## Summary of findings

involved in staff recruitment. They sat on the interview panel during recent interviews for a new practice manager; had arranged patient educational events; and as a result of their patient survey feedback, the appointment system had been revised and improved.

- The practice worked with local 'Village Agents' to help provide support to isolated patients on their lists by providing information to patients who might benefit from extra support or contact.

# Creech 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 GP specialist advisor, a second CQC inspector and an Expert by Experience. Experts by Experience are a part of the inspection team and help with patient interviews; they are granted the same authority to enter registered persons' premises as the CQC inspectors.

## Background to Creech Medical Centre

Creech Medical Centre is located about four miles from Taunton. The practice serves a rural population of approximately 3570 patients from Creech St Michael, East Taunton and the surrounding villages. The practice building was purpose built in August 2012 and in addition to the practice staff, provides accommodation for district nurses, health visitors and a pain clinic.

Creech Medical Centre has two partner GPs. They provide 14 GP sessions each week and are equivalent to 1.5 whole time employees. One GP is female and the other is male. There are two female nurses including a lead nurse and a nurse practitioner whose working hours are equivalent to 1.1 whole time employees. A health care assistant is also employed by the practice. The GPs and nurses are supported by six management and administrative staff including a practice manager. A small team of community based nurses are located in the practice including a health

visitor, a midwife and two district nurses. The practice had experienced recent staff turnover. They recently appointed a new practice manager and were seeking to employ another receptionist to strengthen the team.

The practice's patient population is expanding rapidly and has a higher proportion of patients over the age of 65 years, with approximately 25% of patients being over this age compared with the national average of 17%. Almost 4% of the patients are over the age of 85 years compared to a national average of 2.2%. Approximately 63% of patients have a long term illness compared to a national average of 54% resulting in a higher demand for GP and nurse appointments. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second 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).

The practice is open between 8:30am and 1pm and 2pm and 6:30pm Monday to Friday; appointments are available during these times with telephone access available from 8am and 6:30pm. Extended hours are offered on Monday, Wednesday and Thursday evenings between 6:30pm and 7pm and between 7am and 8am on Thursday mornings for pre-booked appointments for those patients who cannot visit the practice during normal hours. 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 extended opening hours, childhood vaccination and immunisation scheme,

# Detailed findings

facilitating timely diagnosis and support for patients with dementia and minor surgery services. It provides an influenza and pneumococcal immunisations enhanced service. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Somerset Doctors Urgent Care (SDUC), patients are directed to this service by the practice outside of normal practice hours.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our visit we:

- Spoke with a range of staff including two GPs, two nurses, the practice manager and administrative staff. In addition we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at weekly meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, improvements to the processing and communication of urine test results, improvements to mail checking during GP absences and improvements to information provided to patients where newly prescribed medicine may affect other medicines they were taking.

When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3. However, we noted there were inconsistencies in the way patients were coded on the patient record system to alert GPs or locum GPs to concerns about patients.

- Alerts were placed on the patient record system to make staff aware of patients who required additional support, had multiple conditions or who might be at risk or vulnerable. Details of concerns were recorded in patient notes but not always as a pop up alert, for example, in two of the records we looked at the alerts were missing or not up to date where concerns were identified. The GP we spoke with recognised the inconsistencies and agreed there was a need for the system to be updated. The practice arranged to have the records updated to ensure patient safety was maintained.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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). Male and female chaperones were available in the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 and staff had received up to date training. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The CCG pharmacist we spoke with during our inspection told us the practice was constantly improving their prescribing performance, particularly in regard of antibiotic prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We reviewed three personnel files in detail and randomly selected three further files to check for consistency. We 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 Disclosure and Barring Service.

### 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 first floor staff room. The practice had up to date fire risk assessments and carried out regular fire drills and practice evacuations. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- 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 that enough staff were on duty. Where locum staff were used there were checks in place and induction processes to ensure they were safe to work in the practice.

### Arrangements to deal with emergencies and major incidents

The practice had 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 a designated staff area. These were checked by the lead nurse regularly to ensure they were all in date and that sufficient stocks were maintained.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. All were regularly checked and were in good working order.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and were held off site by all staff. The practice had remote access to the patient record system to enable them to access patient information in the event of an incident closing the premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, a small number of audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Somerset Practice Quality Scheme (SPQS) and performance against national screening programmes to monitor outcomes for patients. (SPQS is a system intended to improve patient support based on local need). Aggregated information from a review of this scheme (October 2015) indicated;

- There was emerging evidence the number of contacts patients had in order to meet their needs was being reduced in some of the SPQS practices. However, the practice had not fully implemented a programme of audits which would help provide a wider monitoring of performance and outcomes for patients.
- Patients and clinicians decided priorities together through shared decision making.
- Small incremental gains from suspending Quality and Outcomes Framework (QOF) were being used by SPQS practices to concentrate on the work which provided most local value for example, spending more time listening to patients about their illness.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, recent action taken as a result included, reviewing medicines prescribing in line with Clinical Commissioning Group (CCG) targets, and improvement in the identification and diagnosis of patients with living with dementia with a plan to expand this to younger patients to facilitate earlier diagnosis.

Information about patients' outcomes was used to make improvements such as; providing additional clinics to support patients with multiple long term conditions. The practice provided hosted external organisations who delivered services such as a pain clinic. Additionally the practice had invested in equipment such as cardiac event monitors to enable patients to monitor their heart palpitations when they occurred. The information from the monitors was used to provide a timely diagnosis and a course of treatment which helped reduce the need for patients to attend hospital for diagnostic checks.

### Effective staffing

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

- The practice had a clear induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed. The logs we checked had all been completed and signed and the staff we spoke with confirmed they had been through the induction process.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness; a programme of further updating was in place for 2016. Staff had access to and made use of e-learning training modules and in-house training. The practice manager was arranging for further expansion of e-learning as part of their practice improvement strategy.

### 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. However, we noted one of the care plans we looked at had not been updated to provide the latest patient information, something the GP told us they would rectify. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. The community nurses and health visitors we spoke with told us the GPs and nurses engaged with them and they were invited to monthly multi-disciplinary meetings. They told us the GPs carried out joint home visits with them to ensure treatment plans were shared and agreed.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

### Consent to care and treatment

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

- Staff generally understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Further training had been planned for July and October 2016 to improve staff awareness in these areas

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was carried out for minor operations and joint injections, with signed consent forms scanned onto patients records.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those at risk of social isolation. Patients were then signposted to the relevant service.
- A monthly dietician clinic was available through the practice and smoking cessation advice was available from one of the practices nurses and a locally commissioned service.
- The GPs used 'fit notes' to support patients to return to work. (Doctors issue fit notes to patients to provide evidence of the advice they have given about their fitness for work).

The practice had a system for ensuring results were received for samples sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78.98%, which was comparable to the national average of 81.88% and in line with other Taunton and Dean practices. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.5% to 100% and five year olds

## Are services effective? (for example, treatment is effective)

from 94.6% to 100%. Flu vaccination rates for the over 65s were 76.43%, and at risk groups 52.38%. These were comparable to national averages of 73.24% and 52.29% respectively.

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 (provided by an

outsourced service through NHS Somerset). Appropriate follow-up appointments about the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

As part of a sexual health programme, one of the GPs provided sex education talks to nine and ten year olds at the adjacent primary school. Anecdotal evidence of the benefits of these talks was that young patients felt more able to speak openly with their GP.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and were aware they could offer them a private room to discuss their needs.

The majority of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four members of the patient participation group. They confirmed they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was around the local averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.4% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 91.3% said the GP gave them enough time (CCG average 89.8%, national average 96.6%).
- 94.9% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9%, national average 85.1%).

- 92.4% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 90.4%).
- 78.2% said they found the receptionists at the practice helpful (CCG average 89%, national average 86.8%)

### Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 91.1% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 86%.
- 80.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1% , national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the staff side of the reception area informing them how to contact the service. Staff told us they were aware of the very few patients who did not have English as their first language and knew when translation services were needed.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified where carers supported patients and had an established a carers group. The practice was in the process of reinvigorating the group by re-establishing carers meetings and identifying a

## Are services caring?

practice lead for carers. Written information, on a specific carers noticeboard, was available to direct carers to the various avenues of support available to them locally and nationally.

Staff told us if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card.

This call was either followed by a patient consultation or home visit at a flexible time and location to meet the family's needs or by giving them advice about how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services such as supporting patients diagnosed with three or more long term conditions via a wellbeing worker as part of the local Symphony project (The Symphony project provides new integrated care models for patients with long term conditions). Arrangements had been made with the local pharmacy to provide a home delivery service for patients who were disabled, without transport or who could not easily get to the practice to collect their repeat prescriptions.

- The practice offered extended hours on a Monday and Wednesday evening until 7pm for working patients who could not attend during normal opening hours. Additionally, early morning appointments from 7am until 8am each Thursday had been recently implemented to help working or school age patients access a GP or nurse.
- There were longer appointments available for people with a learning disability and those who needed them.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions with GPs and nurses 'slotting patients in' to ensure they were seen.
- There were disabled facilities, hearing loop and translation services available.

Prescription requests for patients usual medicines could be made either by the internet or by written request to mitigate the possibility of any errors occurring from verbal requests. However, the practice kept a list of patients who they would accept telephone requests for to make it more convenient to them particularly isolated elderly patients. The attached pharmacy, in conjunction with the practice, arranged home delivery of medicines to the patients as well as organising dossett boxes and trays to minimise any errors of taking medicines. The practice worked with local 'Village Agents' to help provide support to isolated patients on their lists by providing information to patients who might benefit from extra support or contact. (The Somerset Village Agent project uses paid, part time, highly trained

individuals living in the parish 'clusters' they support. They help to bridge the gap between isolated, excluded, vulnerable and lonely individuals and statutory and/or voluntary organisations which offer specific solutions to identified needs).

The nursing team were experienced and qualified in chronic disease management. They provided regular nurse led patient reviews for patients with long term conditions for example, for patients diagnosed with diabetes, asthma and chronic obstructive pulmonary disease (COPD). Longer appointments were provided, usually 30 minutes, for these patients. The administration staff liaised with patients the day before to remind them of their appointment. The staff tried to ensure patients had their regular investigations in advance of their appointment to ensure they were well prepared for anything that needed discussion.

The practice had recently started working with a 'Well-being Advisor' via a local Symphony project. This advisor was the point of contact for patients with multiple long term conditions to try and stream line their care.

Nurse led immunisation clinics and six week post-natal checks were provided at the practice. A longer appointment was given for this to ensure adequate time for mother and child to receive a thorough wellbeing check.

GPs carried out paediatric phlebotomy rather than send a patient to the paediatric phlebotomy service at hospital. This provided a number of advantages including building a rapport and trust with the child and their family; not causing transport issues or possible stress that comes with a hospital visit; and lessening the burden on hospital services.

The patient list included a large number (100+) of housebound patients for whom the GPs carried out visits when requested. In addition, routine review visits were provided to housebound patients. Routine reviews of patients in local residential homes were carried out at least annually and usually coincided with administering their annual influenza immunisation.

Patients diagnosed with learning difficulties received an in-depth medical examination annually. During this examination, not only were the problems of their disability investigated, but also general health promotion was considered, for example, smoking cessation, alcohol use status and cardiovascular risk stratification.

# Are services responsive to people's needs?

## (for example, to feedback?)

Four weekly meetings were held with the palliative care team to discuss any needs in the care of terminally ill patients.

Patients requesting an appointment for emotional or mental health concerns were given a double appointment. Where no appointments were available the reception team would discuss the patient with an on duty clinician and could often support the patient by providing an extra on the day appointment.

### Access to the service

The practice was open between 8:30am and 1pm and 2pm and 6:30pm Monday to Friday; appointments were available during these times with telephone access available from 8:00am and 6:30pm. Extended hours were offered on Monday, Wednesday and Thursday evenings between 6:30pm and 7pm and on Thursday mornings from 7am until 8am for pre-booked appointments for those patients who could not visit the practice during normal hours. The practice offered online booking facilities for non-urgent appointments and an online repeat prescription service. Electronic prescribing was planned to be implemented the week after our inspection.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable comparable to local and national averages. People told us on the day they were able to get appointments when they needed them.

- 73.8% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 80.8% patients said they could get through easily to the surgery by phone (CCG average 78.6%, national average 73.3%).
- 63.4% patients described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).

- 19% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70.1%, national average 64.8%).

We investigated these figures with patients and the practice during our inspection. The practice told us they were aware of the issues and had changed the way appointments were made, added additional telephone access, increased appointment availability (with up to 50% of non-urgent appointments being made available online) and adjusted one of the GPs start times. The patient we spoke with during our inspection told us they had been able to get appointments when they needed them. They said the appointment system had improved and that delays in seeing the GP had reduced.

### 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 in the waiting room, in the practices brochure and on their website.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Apology letters written to patients involved which we saw demonstrated an openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, improving the appointment system and more thorough checking of repeat prescriptions where patients in the same household took similar medicines.

# 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 a mission statement which was available in the practices intranet and staff knew and understood the values. The values included the provision of; quality patient centred care, being caring and responsive; working to best practice guidelines and ensuring patient safety at all times.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practices intranet and summarised in the staff handbook.
- An understanding of the performance of the practice was maintained which followed the implementation of the Somerset Practices Quality Scheme guidance. However elements of performance previously identified under the Quality and Outcomes Framework (QOF) for example, care plan reviews, had not been carried out for two patients records we looked at. One of the GPs we spoke with told us they were not changed unless prompted by a change in their diagnosis.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure good quality care. They prioritise safe, effective quality and compassionate care. The partners were visible in the

practice and staff told us that they were approachable and always took the time to listen to all members of staff. This was confirmed by the staff we spoke with and by the observations we made throughout our inspection.

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 in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence which included positive comments made by patients.

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

- Staff told us the practice held regular team meetings and that there was an open culture within the practice where they had the opportunity to raise any issues at team meetings. They said they were confident in doing so and felt supported if they did.
- 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 their actively engaged patient participation group (PPG) and from suggestions and complaints received. The ten core members of the PPG met every two to three months and shared information with the 150 virtual PPG members. The PPG had a broad range of representation including age, gender, ethnicity and

# Are services well-led?

Good 

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

those with parental responsibility; and were actively seeking to recruit young people. They told us they felt valued and confirmed the practice had an open and honest culture.

- The PPG supported the practices at flu clinic time and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a better patient information screen, signage in the waiting area to maintain privacy and improvements in the appointment system. The PPG carried out fundraising events to help the practice purchase a better patient information screen.
- The PPG was involved in staff recruitment and sat on the interview panel at during recent interviews for a new practice manager. They produced a quarterly patient newsletter which was widely circulated in the local community, including through a local Parish magazine as the practice and PPG were aware over 30% of patients did not have internet access. They had put on patient information events to better inform patients about health conditions. The practice had strong links to other community organisations through the PPG including local churches and the 'Contact the Elderly' group. They were developing plans for a 'therapeutic garden' in the grounds of the practice to provide support for patients with mental health problems including those living with dementia.

- Reception staff kept a log of verbal comments and suggestions along with copies of thank you cards and emails to reflect the positive feedback from patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example, about additional training needs. 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 part of local pilot schemes to improve outcomes for patients in the area. For example, involvement with the Somerset Practice Quality System to develop locally based services for patients. Other examples included;

- Participation in the Symphony project providing new integrated care models for patients with long term conditions to ensure their wellbeing; and
- The practice was part of the Taunton Deane Federation of 14 GP practices which provided patients with wider access to locally based services rather than having to attend hospital.