Redgate 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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Redgate Medical Centre on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
  - Risks to patients were assessed and well managed. Staff told us they were updated at the beginning of each shift with practice concerns or risks.
- 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.
- Routine patient appointments were for fifteen minutes.
- 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.
- 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. (Duty of Candour is a legal duty to ensure providers are open and transparent with people who use services. It also sets out specific requirements providers must follow when things go wrong with care and treatment, including informing patients about the incident, providing reasonable support, providing truthful information and an apology when things go wrong).

We saw areas of outstanding practice:

- The practice understood the patient population and used proactive approaches to improve patient wellbeing and physical health. For example, the

Summary of findings

provision of a weight management group, a weekly walking group, primary medical services at the local college and a support and advice drop in clinic for male students at the local college.

- The practice provided a support service for vulnerable patients and carers which included a number of initiatives. For example, the practice hosted Age UK fortnightly drop in clinics and a local carer's support group; the practice worked with a carer's voluntary organisation that contacted and supported all carers on the practice list.
- The practice provided staff with additional training and skills. For example, to manage insulin initiation which provided good continuity of care and reduced the need for involvement of the secondary care team. In addition diabetic patients received a mobile phone number where a practice nurse was available for support 24 hours a day.

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?

Good

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, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to improve processes in order to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Somerset Practice Quality Scheme (SPQS) showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 patients' needs.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet patients' needs. For example, they worked in partnership with Bridgwater College to run a student drop in clinic providing primary medical services which included support for sexual health and weight management.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) showed patients rated the practice slightly below or comparable with others for several aspects of care.

Summary of findings

- 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 patient and information confidentiality.
- The practice provided a support service for vulnerable patients and carers. For example, the practice hosted Age UK fortnightly drop in clinics and a carer's support group; the practice worked with a carer's voluntary organisation who contacted and supported all carers on the practice list.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff 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.
- Patients said they found it easy to make an appointment 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice understood the patient population and used proactive approaches to improve patient wellbeing and physical health. For example, provision of a weight management group, a weekly walking group and a support and advice drop in clinic for male students at the local college.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Summary of findings

- 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which they acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice carried out proactive succession planning.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had higher than average prevalence rates for diabetes and respiratory diseases. Data showed performance for reviewing patients with diabetes related indicators was comparative to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

e 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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice worked with the local college to provide nurse led primary medical services on campus.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services 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 reflecting the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Support organisations provided drop in support groups at the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- Data showed performance for patients living with dementia and poor mental health was comparable to local and national averages.
- Patients with a mental health diagnosis received an annual birthday review.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had received training and had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results (published in January 2016) showed the practice was performing in line with local and national averages. Survey forms were distributed to 329 patients and 108 were returned. This represented approximately 1.5% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 78% and a national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 84% of patients described the overall experience of their GP practice as good (CCG average 89% and national average 85%).

We saw 63% of patients said they would recommend their GP practice to someone who had just moved to the local area (CCG average 83% and national average 78%). This was in contrast to the NHS Friends and Family Test (FFT) data which showed between June 2015 to December 2015, where patients are asked if they would recommend the practice, between 73-91% of respondents would recommend the practice to their family and friends. The national average for FFT data where patients recommend their GP practice was 89%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients told us they were treated very well, the staff were friendly and helpful and the treatment received was excellent. Six patients commented they had a lengthy wait for routine appointments.

We spoke with three patients during the inspection. All three patients told us they could get an urgent appointment when needed, staff involved them in their care, were happy with the care they received and thought staff were approachable, respectful and caring.

In addition we spoke to four patients who attended the weekly walking group. They told us about the positive value of the group on their health and wellbeing.

Outstanding practice

We saw areas of outstanding practice:

- The practice understood the patient population and used proactive approaches to improve patient wellbeing and physical health. For example, provision of a weight management group, a weekly walking group, primary medical services at the local college and a support and advice drop in clinic for male students at the local college.
- The practice provided a support service for vulnerable patients and carers which included a number of initiatives. For example, the practice hosted Age UK fortnightly drop in clinics and a local carer's support group; the practice worked with a carer's voluntary organisation that contacted and supported all carers on the practice list.
- The practice provided staff with additional training and skills. For example, to manage insulin initiation which provided good continuity of care and reduced the need for involvement of the secondary care team. In addition diabetic patients received a mobile phone number where a practice nurse was available for support 24 hours a day.

Redgate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Redgate Medical Centre

The practice is located on the east side of Bridgwater, a town located close to the M5 motorway eight miles south west of Taunton, on the edge of the Somerset Levels in the Sedgemoor district of the county of Somerset. The practice provides primary medical services for approximately 6,500 patients within the town.

The practice is located in a purpose built building (built in 1994) with a large accessible car park. An independent pharmacy is located at the site. Bridgwater College and Bridgwater Community Hospital (with a minor injuries unit) are both located within a short walk. Redgate Medical Centre has a sister practice, Somerset Bridge Medical Centre, located within 2 miles of this practice.

The practice has a slightly higher than England average number of patients aged under four and from 20 to 24 years of age and a lower than England average number of patients over 60 years of age. The practice has a high level of deprivation with a score of 25.8 which is higher than the England average of 23.6 and the Somerset average of 18.

The public health profile for the practice shows it has a higher rate of mortality and a much less healthy population when compared to local and national data. For example, obesity, smoking and drug and alcohol addictions are all higher than the Somerset average. Breastfeeding rates are significantly below average at 30% compared to the Somerset average of 49%.

The practice has a Primary Medical Services contract (PMS) with NHS England to deliver primary medical services. The contract is currently going through a contract review process. The practice provides enhanced services which include facilitating timely diagnosis and support for patients with dementia; childhood immunisations; minor surgery and enhanced hours patient access.

The practice team includes two GP partners (both male) and three salaried GPs (one male and two female. The practice has two full time GP vacancies. In addition the practice team comprises of a female advanced nurse practitioner, five female and one male practice nurse, a health care assistant, a practice manager, two duty managers, and data manager and part time administrative staff which include receptionists and secretaries and prescribing clerks. Most of the staff work across this practice and the sister practice.

The GPs had special interests and additional skills in areas including skin diseases, minor surgery, and hospice care.

The practice is open between 8am to 6pm Monday to Friday. Appointments are bookable six weeks in advance and are for 15 minutes each. The national GP patient survey (January 2016) reported that patients were satisfied with the opening times. Patients reported they were slightly less than satisfied with making appointments.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and Somerset Doctors Urgent Care provide an Out Of Hours GP service.

Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, management and administrative staff.
- Spoke with patients who used the service and members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with allied health professionals.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

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

Please note 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 (CQC) at time.

Good

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.
- All significant events were reviewed at the fortnightly clinical meeting.

The practice had a good system in place to record safety alerts with action taken and learning points recorded. 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. Staff identified gaps in service provision and took appropriate action to establish new procedures to ensure safe care and treatment. For example, a GP highlighted a gap for with a patient having completed a home pregnancy test and there first midwife appointment where a pregnancy was confirmed. This led to possible risks of prescribing medicines not recommended for pregnant women. An action was put in place so all newly diagnosed pregnancies would receive an easily identifiable code on the patient's medical records at the time the first midwifery appointment was made. A member of staff identified radiology test results were not flagged to GPs if the results were delivered manually rather than electronically. This led to a practice meeting and new procedures.

We saw that patients with a newly diagnosed cancer were reviewed by the GPs under a significant event process in order to understand if appropriate early identification and management of symptoms had taken place.

When there were unintended or unexpected safety incidents, patients received 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 patients safe and safeguarded from abuse, which included:

- Arrangements in place to safeguard children and vulnerable adults from abuse 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 children and vulnerable adults. 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 for child protection. All staff had received relevant safeguarding adults training.
- A notice in the waiting room advised patient's chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of the people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control 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. An annual infection control audit was undertaken and we saw evidence action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). For example, one nurse practitioner had responsibility for all repeat prescriptions for respiratory diseases so potential over usage of medicines could be reviewed. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in

place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccines after specific training when a GP was on the premises.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the 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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, we saw rotas for medical and administrative staff which covered the two practice sites.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.
- The practice had a buddy system with another local practice to coordinate patient care during major disruptions.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). The SPQS scheme focus on quality improvement meant that some quality indicators were different from national QOF data. The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. Prior to 2014 the practice used QOF, a system intended to improve the quality of general practice and reward good practice. We looked at the for QOF data for 2014/15 where the practice achieved 90.9% of the total number of points available, with 9.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients with diabetes, in whom the cholesterol blood levels were monitored, was 74.2% in comparison to the CCG average of 72.1% and national average of 70.8%.
- Performance for chronic respiratory diseases was comparable to the CCG and national average. For example, the percentage of patients with a lung function test recorded in the last year was 78.3% in comparison to the CCG average of 69% and national average of 73.2%.
- The percentage of patients with high blood pressure having a satisfactory blood pressure was 82.9% which was comparable to the CCG average of 75.9% and national average of 80.4%.
- Performance for mental health related indicators were mostly comparable to the CCG and national average. For example, the percentage of patients with a comprehensive care plan was 87.1% compared to the CCG average of 54.9% and national average of 77.2%.
- The percentage of patients with dementia who had received a face to face review in the past year was 78.6% which was better than the CCG average of 49.3% and the national average of 77.0%.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The clinical team discussed local and national clinical audits at their educational meeting.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit on patients eligible for flu vaccines increased patient vaccine uptake by 17%.

Information about patients' outcomes was used to make improvements. For example, when practice staff highlighted a gap in pregnancy recording on patient records and the potential for prescribing medicines at risk to an unborn child the practice changed procedure. All pregnancies were coded on patient records and an audit was run weekly to identify new pregnancies.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- We saw the practice nurses had a well developed induction programme which included assessment of competency and mentorship.
- Locum staff received an induction pack and computer system training on their first day.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions, pharmacy technician training for the prescribing clerk role and training for staff providing a weight management clinic. The practice was in the process of supporting a practice nurse through nurse practitioner training.
- The practice nurse had advanced training and sufficient skills to manage insulin initiation which provided good continuity of care and reduced the need for involvement of the secondary care team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and practice nurses. All staff had had an appraisal within the last 12 months.
- The practice held fortnightly clinical education meetings to update staff on changes to care and treatment, NICE guidelines, journal reviews, audits and clinical research.
- Staff received training including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. For example, the practice had provided mental health and dementia awareness training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the practice worked closely with Bridgwater College to plan and provide health services for young people. This included attendance at the college during fresher week and a practice nurse led, twice weekly, drop in clinic.

This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Following a hospital discharge all cancer patients and the top 10% of patients at risk of admission to hospital received a telephone call from an administrator and each patient was offered an appointment with a GP. One GP dealt with patient accident and emergency admissions in order to coordinate care more effectively.

We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Good

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- 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. Patients were then signposted to the relevant service.
- A dietician visited the practice monthly.
- Smoking cessation advice was available from a local support group and the practice.
- The practice provided a health promotion day annually. This included attendance of local services. For example, stop smoking support, the local gym and Age UK.

The practice had a higher than average obese population with 358 per 1000 patients having a diagnosis of obesity. The national average was 84 per 1000 patients. To address this they provided a weight management programme for patients. We were told about positive changes as a result of this service. For example, one patient had changed the eating habits for the whole family. We saw a patient satisfaction survey undertaken by the practice showed positive feedback and weight reduction as a result of attending the service.

The practice had introduced a weekly walk for patients and the wider community. Any patient could attend although isolated, overweight or patients with a mental health diagnosis were encouraged. Staff had received training from the Ramblers Association and local council. MIND promoted the walk to the local community following feedback from patients registered at the practice who had a mental health diagnosis.

The practice's uptake for the cervical screening programme was 88.16%, which was higher than the Clinical Commissioning Group (CCG) average of 76.3% and the national average of 76.7%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. The practice also encouraged 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). For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 82% to 100% compared to the CCG average from 82% to 97%. Childhood immunisation rates for the vaccines given to five year olds ranged from 85% to 98% compared to 92% to 97% within the CCG.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. For example, we saw a receptionist book a patient into their first appointment specifically to treat their diabetes. The receptionist was reassuring and gave the patient good information as to what to expect from the appointment.

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

All of the 23 Care Quality Commission patient 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. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG). They also told us they were more than satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 86% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 89% and national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 79% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89% and national average 85%).
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94% and national average 91%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).

These results were in contrast to the patient participation group (PPG) survey. For example, 93% of patients told the PPG the GPs and practice nurses were good at listening to them.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were mainly slightly below local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)

Staff told us translation services were available for patients who did not have English as a first language. This included a translation service on the practice website for those patients with Polish as their first language. We saw notices in the reception areas informing patients this service was available.

Good

Are services caring?

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 hosted an Age UK drop in session fortnightly and the Bridgwater carers group monthly. In addition the practice worked with a local carers support group to contact and support carers registered at the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them, this included a carers champion at the practice who attended the Bridgwater carers support group, arranged carers drop in sessions and regularly provided support to carers through telephone calls.

Staff told us if families had suffered bereavement their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice hosted a counselling organisation.

Following a death of a young person at the local college the practice provided a weekly support clinic for male students by a male practice nurse who could refer students to local counselling services. This was in addition to the practice nurse led clinic provided at the college.

Good

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. For example, the practice was undertaking a pilot service to improve the management of patient with long term conditions who reside in care homes.

- The practice offered a 'Commuter's Clinic' on alternative Saturday mornings and on Wednesday evenings for working patients who could not attend during normal opening hours.
- Patients with a diagnosis of a learning disability or epilepsy had a named GP and longer appointments were available.
- Patients with a mental health diagnosis received an annual birthday review.
- Home visits were available for patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS. Patients requiring vaccines only available privately were referred to other clinics.
- There were accessible disabled facilities, a hearing loop and translation services available.
- Patients with a diagnosis of diabetes starting insulin treatment received a mobile phone number where a practice nurse was available for support 24 hours a day.
- The practice ran a twice weekly young person drop in clinic at Bridgwater College providing primary medical services including sexual health, smoking cessation and emotional support. A confidential email support service was also provided.
- GPs had special interests and additional qualifications. For example, the diagnosis and treatment of skin diseases. A vasectomy clinic was held at the practice for the local population and one GP supported a local hospice.
- Patients at risk of hospital admission, those receiving end of life care and those with drug or alcohol addictions had a telephone consultation with a GP following hospital discharge.
- The practice ran a specialist clinic to monitor individuals who are being treated with blood-thinning medication which was accessible to patients from other practices.
- The practice ran a weekly walking group for patients with mental health problems, long term conditions, carers and vulnerable or isolated patients.
- The practice offered weight management sessions.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with phone availability until 6.30pm. Extended practice hours were offered at the following times on alternative Saturday's between 8.45am and 12.30pm and at the sister practice on Wednesday evenings until 7.30pm. Pre-bookable appointments were for 15 minutes and could be booked up to six weeks in advance; urgent appointments were also available for patients needed them. If patients phoned at busy times and there was a delay in speaking to staff the sister practice, Somerset Bridge Medical Centre, was able to pick up the calls and assist patients with appointments.

Results from the national GP patient survey (January 2016) showed patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.
- 82% of patients said they could get through easily to the practice by phone (CCG average 78% and national average 73%).

Results showed 45% of patients said they usually get to see or speak to the GP they prefer (CCG average 65% and national average 59%). We spoke to the practice who were aware the vacancies for two full time GPs had an effect on patient requests for named GP appointments.

Patients told us on the day of the inspection they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated manager and GP who handled all complaints in the practice.
- The practice always offered a complainant an opportunity to meet with the practice manager and GP to discuss the complaint in detail.
- We saw information was available to help patients understand the complaints system For example, information was available on the practice website and within the waiting area.

We looked at the seven complaints received in the last 12 months and found these were satisfactorily handled in a timely way. We saw the practice was open and transparent 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, a patient complained when they had requested a flu vaccine to be given by the district nurses. The patient was not eligible for this service and there was a delay with the practice attending the patient's home to administer the flu vaccine. As a result any patient who had difficulty attending the practice for flu vaccines were identified earlier and arrangements made for a GP or practice nurse to visit.

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 displayed in the waiting areas and staff knew and understood the values. We saw the practice ethos was to deliver patient centred care.
- Members of the patient participation group (PPG) told us about the practice ethos and that staff adhered to the practice mission statement.
- 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, well organised 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit and patient satisfaction surveys were used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

- Staff told us the practice held regular team meetings and practice meetings. Additional meetings were held when required. For example, when management of patients living in care homes was evaluated.
- Staff told us they were updated at the beginning of each shift with practice concerns or risks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. 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.
- We saw effective leadership within the practice nurse team.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG looked at how the practice could work with other local

Are services well-led?

Good

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

practices to offer additional services for the wider community. They identified opportunities for the practice to host other agencies. As a result Age UK and Citizens Advice Bureau drop-in clinics are held at the practice. In addition the practice had a virtual PPG.

- Members of the PPG told us the practice invited them to awareness sessions for staff. For example, they had attended the mental health and dementia awareness days.
- The practice updated patients with a regular newsletter and a news section on the website.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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, the practice had been involved in a pilot to implement the house of care model, a framework to enhance the quality of life for patients with long term conditions; provision of a practice nurse led drop in clinic at the local college. We saw evidence of future development plans to improve support for young people.

The practice had enrolled the practice nurses in a university led mentorship training programme so the practice could become a place of learning for student nurses.