

Summervale Surgery

Inspection report

Canal Way
Ilminster
Somerset
TA19 9FE

Tel: 01460 52354

www.summervalesurgery.co.uk


Date of inspection visit: 7 Aug to 7 Aug 2019

Date of publication: 15/10/2019

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 location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

This service is rated as Inadequate overall. (Previous inspection September 2016 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We rated all of the population groups as inadequate.

We carried out an announced comprehensive inspection at Summervale Surgery on 7 August 2019 following an Annual Regulatory Review of the information available to us and information received in. This inspection looked at the key questions Safe, Effective, Caring, Responsive and Well-led as well as all the population groups.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of emergency medicines and equipment.

We rated the practice as **inadequate** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not receive ongoing supervision or regular appraisals of their performance so training and development needs were not identified.
- Some performance data was significantly below local and national averages.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice respected patients' privacy and dignity.

We rated the practice as **requires improvement** for responsive services because:

- Patients were not always able to access appointments in a timely way. For example, usage of locum practice nurses meant clinics could be cancelled at short notice.
- The practice could not demonstrate they listened to, acted, recorded or learned from verbal complaints.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Overall summary

(Please see the specific details on action required at the end of this report).

As part of this inspection process we have issued the provider with Warning Notices. We can issue Warning Notices to a registered person where the quality of the care they are responsible for falls below what is legally required. Legal requirements can include the Health and Social Care Act 2008 ('the Act') and the regulations made under it, but also other legislation that registered persons are legally obliged to comply with in delivering the service.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the

process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Please refer to the detailed report and the evidence tables for further information.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Summervale Surgery

Summervale Surgery is based at Canal Way, Ilminster, Somerset TA19 9FE. We visited this location as part of our inspection. Further information about the practice can be found at .

The Partnership (Summervale Surgery) is registered with the CQC in respect of the regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures and Treatment of disease, disorder or injury. They provide general medical services to approximately 7,579 patients. The practice is located in purpose built premises (2012) which it shares with another GP service.

The practice catchment area is situated within one of the least deprived areas of England ranking eight (with one being the most deprived and 10 the least) within The Index of Multiple Deprivation 2015 (The index is the official measure of relative deprivation for small areas in

England). The practice age profile is mostly in line with local and national averages. Patients aged over 65 years of age are slightly higher than local averages at 27% (local 24% national 17%).

The six GP partners work alongside a salaried GP. The practice team includes two practice nurses, a practice manager and deputy, a finance and data manager, a health care assistant, reception and administrative staff.

The practice is a training practice for post graduate medical students and doctors undertaking general practice speciality training. At the time of the inspection a GP registrar (a trainee GP) was working at the practice.

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Section 29 warning notice:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was not a health and safety lead in post.• An effective operational system to manage, regularly assess and monitor risk and safety was not in place.• Practical steps to protect people and control workplace risks such as assessments relating to COSHH (Control of substances harmful to health) were not in place.• An absence of an oversight of risk assessments and safety checks for monitoring and managing risks to patient and staff safety. For example, Fire safety; Infection prevention and control; Legionella: PAT testing and medical equipment calibration.• A centralised system or process for the management of information from external sources such as the Medicines and Healthcare products Regulatory Agency (MHRA) was absent.• Secure storage for medicines including Oxygen and emergency medicines and equipment was not in place. Patient Group Directions (PGDs) had not been updated to clearly document which current health professionals practised under them.• There was no formal process for staff to follow in the absence of the clinical safeguarding lead when advice and support was required.• Information about people's care and treatment, and their outcomes was not routinely collected and monitored to improve care and treatment and people's outcomes. For example, safeguarding meeting minutes
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

were not added to patient records; management of complaints and incidents were not overarching; a backlog of secondary care referrals and identification of carers and vulnerable adults.

- The practice were not effectively managing the system and were unable to demonstrate quality indicators for the management of chronic disease criteria were improving.
- A system to record employee immunisation and ensure vaccinations were in line with guidance was not in place.
- The process to submit Statutory Notifications to the CQC was not effective.
- The views and experiences of patients and staff were not always taken into account.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2)(a), Staffing, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Section 29 warning notice:

Persons employed by the practice did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

- A tailored induction was not in place for nursing staff including locum nurses and health care assistants.
- There was not a suitable system to provide oversight of the practice's training requirements and completion and to take appropriate action when training was not completed. We found gaps in the training record provided.
- Recruitment files had no documentation to support staff having recently undertaken the practices required statutory and mandatory training prior to commencing employment.
- A system to document and demonstrate appropriate training for clinical staff who undertook specific clinical responsibilities was not in place.

This section is primarily information for the provider

Enforcement actions

- A system to provide assurance of staff competence such as nurses, nurse practitioners and non-medical prescribers through monitoring and/or supervising was not in place.
- Annual appraisal cycles had not been completed for all staff. There was not an overarching system to document gaps in appraisal completion.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 (1), (2) & (3 Staffing, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Section 29 warning notice:

Processes to ensure that persons employed by the practice were suitably qualified, competent and experienced as your recruitment practices were not safe and robust.

- A recruitment policy was not in place.
- Recruitment systems to provide assurance that you took the necessary steps through pre-employment checking to verify an individual met the preconditions of the role they are applying for a position were not in place.
- Risk assessments were not in place with regards to accepting previous employment DBS checks and the practice decision to not undertake a DBS check for non-clinical staff.
- There was no overarching system to review clinical staff revalidation or professional registration renewal.