

Penn Hill Surgery

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Penn Hill Surgery on 29 October 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, with the exception of those relating to recruitment checks.
- 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 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 areas of outstanding practice:

- The practice had received an award in 2013 for outstanding support of students with learning

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disabilities from a local college for exceptional services to their students. The practice provided a regular clinic at the college as well as medical health checks and routine appointments to the students. One of the practice nurses provided a detailed training session for staff at the college about helping students to manage their epileptic seizures. This was to ensure staff were safely skilled in supporting students.

The area where the provider must make improvement is:

- Review recruitment processes to ensure staff requiring a Disclosure and Barring Service check are in possession of a valid DBS check before commencing their employment.

- Review processes for staff undertaking a chaperone role who do not have a Disclosure and Barring Service check.

The areas where the provider should make improvement are:

- Review the policy in regard of legionella to ensure risks to staff and patients are effectively managed.
- Review how governance arrangements are recorded and managed for complaints and risk assessments to ensure current best practice is reflected.

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 requires improvement for providing safe services.

Requires improvement



- 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe; particularly in regard of carrying out Disclosure and Barring Service checks for one new staff member and for those staff carrying out a chaperone role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed patients rated the practice higher than 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 confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. The practice was involved in local Vanguard projects in regard of integrated care, they worked closely with a local college for patients with learning disabilities and supported students from a local higher education college.
- Patients 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 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 however some aspects could be improved.
- 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 and fully involved in improving services with the practice.
- 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 proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All older patients living in residential or nursing homes had care plans which were reviewed annually or as required.
- Alerts were put on the patient record system for patients with poor hearing, memory problems along with details of family contacts or requirement for home visits.
- Home visits were provided for influenza vaccinations and phlebotomy when required.
- All staff had either completed or were in the process of completing dementia awareness training.
- Staff from the practice attended monthly palliative care meetings to discuss the active care of those patients nearing the end of their lives.

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. Nurse lead roles included care planning, diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- 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 people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Trained health care assistants offered home visits for this service when necessary.
- Some patients were managed by a tele monitoring service and increasing numbers of their most complex patients were being looked after in a shared care arrangement with the local

Good



Summary of findings

Symphony complex care hub to optimise the care of their long term conditions. (The Symphony project provides new integrated care models for people with long term conditions in South Somerset).

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.
- 83.89% of female patients at the practice aged 25-64 had a record showing a cervical screening test had been undertaken in the preceding 5 years; slightly above the national average of 81.88%.
- 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, school nurses and other health professionals.
- All patients had named GPs and families were kept together with one GP where they chose to see the same GP.

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 reflected the needs for this age group.
- Cervical smear appointments were offered early morning, lunchtime and in the evening to support working women and students.
- The practice had received an award in 2013 for outstanding support of students with learning disabilities from a local college for exceptional services to their students. The practice

Good



Summary of findings

provided a regular clinic at the college as well as medical health checks and routine appointments to the students. One of the practice nurses provided a detailed training session for staff at the college about helping students to manage their epileptic seizures. This was to ensure staff were safely skilled in supporting students. Enhanced services were provided to patients diagnosed with a learning disability. Services included visiting for influenza vaccinations, health promotion talks, staff training, new patient medicals and facilitated access to same day appointments.

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 drug and alcohol problems and those with a learning disability.
- It offered longer appointments for people with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Reception staff were encouraged to offer flexibility in access to same day appointments for all vulnerable patients.
- The practice had told vulnerable patients 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.

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 of the most vulnerable patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- All staff in the practice had either completed or almost completed training in dementia awareness.
- Staff had a good understanding of how to support people with mental health needs and dementia through attending training courses such as dementia awareness.

Summary of findings

What people who use the service say

The patients we spoke with about the care and treatment they received from the practices staff were highly complementary about the services they receive. They told us they were involved in decisions about their treatment, could access appointments easily and felt safe in the clean and tidy environment they were treated in.

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 121 responses and a response rate of 47%.

- 87.5% find it easy to get through to this practice by phone compared with a CCG average of 78.6% and a national average of 73.3%.
- 93.6% find the receptionists at this practice helpful compared with a CCG average of 89% and a national average of 86.8%.
- 69% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65.3% and a national average of 60%.
- 94.6% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88.8% and a national average of 85.2%.

- 95.6% say the last appointment they got was convenient compared with a CCG average of 93.7% and a national average of 91.8%.
- 88.2% describe their experience of making an appointment as good compared with a CCG average of 79.2% and a national average of 73.3%.
- 84.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70.1% and a national average of 64.8%.
- 68.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.1% and a national average of 57.7%.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 49 comment cards with the majority being positive about the standard of care received. For example, about the caring and considerate nature of staff, the cleanliness of the practice and about the good quality of treatment over many decades. Where slightly negative comments were made (four) there were no common themes. We met with three representatives from the practices patient participation group, all commented positively about the practices engagement with them and their responsiveness to suggested improvements.

Areas for improvement

Action the service MUST take to improve

- Review recruitment processes to ensure staff requiring a Disclosure and Barring Service check are in possession of a valid DBS check before commencing their employment.
- Review processes for staff undertaking a chaperone role who do not have a Disclosure and Barring Service check.

Action the service SHOULD take to improve

- Review the policy in regard of legionella to ensure risks to staff and patients are effectively managed.
- Review how governance arrangements are recorded and managed for complaints and risk assessments to ensure current best practice is reflected.

Outstanding practice

We saw areas of outstanding practice:

- The practice had received an award in 2013 for outstanding support of students with learning

disabilities from a local college for exceptional services to their students. The practice provided a regular clinic at the college as well as medical health checks and

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routine appointments to the students. One of the practice nurses provided a detailed training session for staff at the college about helping students to manage their epileptic seizures. This was to ensure staff were safely skilled in supporting students.

Penn Hill Surgery

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 and a variety of specialists including a practice manager and a practice nurse. We were accompanied by 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 Penn Hill Surgery

Penn Hill surgery is located close to the centre of Yeovil in the middle of a small housing development. The practice serves a semi-rural population of approximately 9730 patients from Yeovil and the surrounding villages.

The practice building was purpose built in 1989 and a major extension was added in 1997. The extension allowed the practice to provide additional consulting rooms, space for nurses and a clinical suite available for further health related activities, most recently a photodynamic therapy suite. (Photodynamic therapy is a treatment involving the use of a light-sensitive medicines and a light source to destroy abnormal cells. It can be used to treat some skin and eye conditions, as well as certain types of cancer).

Penn Hill Surgery has four full-time partner GPs, one part time partner GP and a salaried GP. They provide 37 GP sessions each week and are equivalent to 4.9 whole time employees. One GP is female and five are male. There are six female nurses including a nurse manager and two advanced nurse practitioners and four health care

assistants whose working hours are equivalent to 4.1 and 1.75 whole time employees respectively. The GPs and nurses are supported by 23 management and administrative staff including a business manager, a practice manager and deputy practice manager. The business manager and advanced nurse practitioner were also partners in the practice. The practice has a stable workforce with very little turnover of staff.

The practice has been a training practice for many years. They usually have foundation year 2 (FT2) and GP specialist training (ST) doctors attached to the practice; an FT2 was placed in the practice at the time of our inspection.

The practice is open between 8 am and 6:30 pm Monday to Friday, appointments are available during these times. Extended hours are offered at the following times on Monday evenings between 6:30 and 8 pm and every Saturday 8 am until 9:30 am for pre-booked appointments for those patients who cannot visit the practice during normal hours.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as extended opening hours, childhood vaccination and immunisation scheme, 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 is linked to Pathways Health and Social Care Alliance Limited, the provider of the Yeovil Health Centre and the newly formed Somerset Primary Healthcare Limited. They are active members of the South Somerset Healthcare Federation consisting of 17 practices in South Somerset and are partners in the Somerton Surgery Partnership.

Detailed findings

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by SDUC (Somerset Doctors Urgent Care) and patients are directed to this service by the practice during out of 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29th October 2015.

During our visit we:

- Spoke with a range of staff including GPs, nurses, reception, administration, data and management staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and family members
- Reviewed the 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 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 Quality and Outcomes Framework data, this relates to the most recent information available (July 2015) 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. Where these involved other services for example, the Out of Hour's service, the practice routinely sent Datix reporting alerts to Somerset Clinical Commissioning Group (CCG) for circulation. The learning from these types of events were added to a safety newsletter which was circulated quarterly by the CCG to all local practices.

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 prescribing, improved awareness of alerts in the patient record system and improved processes for managing fast track referrals within the practice.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 which 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 as well as a GP with responsibility for investigating incidents. 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 children.

- A notice in the waiting room advised patients a chaperone was available, if required. All staff who acted as chaperones were trained for the role; however, non-clinical staff who acted as chaperones had not 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). A risk assessment had not been carried out to clarify why the non-clinical staff had not been DBS checked.
- 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 training. An annual infection control audit had been undertaken and we saw evidence action was being 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). 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. A report shared with us by the visiting pharmacy team member showed the practices prescribing was in line with expectations and was predicting an annual underspend based on CCG guidance. 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 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 some vaccines.
- We reviewed four personnel files and general found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, a recently recruited nurse, whilst having a recent DBS certificate (March 2015) for a previous role, had not received a DBS check before starting their current post. The practice informed us they would take immediate action and told us the following day a DBS check had been applied for.

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 detailing the practice's health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and 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 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. Legionella risks had been assessed and actions had been taken to minimise risks to staff and patients; however, the risk policy required updating.

- 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.

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. There was a first aid kit with appropriate contents and an accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff confirmed they 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.

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. This information was available via the practices intranet system and through the receipt of external updates via email.

GPs frequently attended multi-disciplinary case conferences for patients who were deemed vulnerable. Vulnerable adults and children were discussed every week between clinicians and management staff. Reception staff were encouraged to offer flexibility in access to same day appointments for all vulnerable patients.

- 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 which met peoples' needs. For example, the management of patients diagnosed with atrial fibrillation (Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate).
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff used informal coffee break meetings to discuss and review patient care and support and to discuss updated guidance about patient care. These informal discussions supported critical analysis of patient diagnosis and helped facilitate improved patient outcomes. The meetings were also used to prioritise home visits and urgent patient appointments.
- Some patients were managed by a tele-monitoring service (Tele-monitoring involves remotely monitoring patients who are not at the same location as the health care provider) and increasing numbers of their most complex patients were being looked after in a shared care arrangement with the local Symphony complex care hub to optimise the care of their long term conditions. (The Symphony project provides new integrated care models for people with long term conditions in South Somerset).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Somerset Practices Quality System (SPQS) and the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had not participated in QOF for two years and was currently part of a pilot in the Somerset Clinical Commissioning Group called the Somerset Practice Quality Scheme (SPQS). 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.
- Individuals and clinicians decided priorities together through shared decision making.
- Small incremental gains from suspending 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 ten clinical audits completed in the last two years, six of these were completed audits of one or more cycles where the improvements made were implemented and monitored. For example, an antibiotic prescribing audit resulted in changes in prescribing practice which led to a reduction in the use of quinolones. The audit was shared with the Clinical Commissioning Group (CCG) and subsequently rolled out to other South Somerset practices.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Such as medicines prescribing, some elements of Quality Outcomes Framework (QOF) and local federation initiatives.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved prescribing and monitoring of patients with renal failure; and improved processes for minor surgery resulting in very low incidents of patients gaining infections following surgery.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All GPs and nurses had access to the pathway navigator system (A clinical decision support tool which makes a clinical pathway patient specific) via the practice's intranet. This access ensured they could obtain information easily about best clinical practice and ensure effective outcomes for patients.
- 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 vaccines and taking samples for the cervical screening programme.
- We noted the advanced nurse practitioner attended GP Update training and cascaded this learning to other members of the nursing and GP team.
- 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 on-going 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.
- There was a comprehensive training programme provided by the practice to all levels of staff. Mandatory training was clearly identified with several opportunities provided for staff to update their knowledge and skills. Staff had access to and received training including: safeguarding, fire procedures, basic life support, dementia awareness and information governance awareness. This training programme was highly regarded by the staff and the forward planning enabled them to plan ahead to ensure they attended the training. Staff had access to and made use of e-learning training modules and in-house training.
- All staff had attended or were completing dementia awareness learning; they were in the process of identifying how they could make the practice more dementia friendly.

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, regularly updated care plans, medical records and investigation and test results. Information such as NHS patient information leaflets and leaflets from other organisations were available to help or advise patients.
- The practice shared relevant information with other services in a timely way for example, when referring people to other services.

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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence which demonstrated multi-disciplinary (plenary) team meetings took place monthly and care plans were routinely reviewed and updated.

All patients had named GPs and families were kept together with one GP where they chose. Patient records for families were linked and alerts were recorded where there might be concerns amongst other family members. The practice offered a full family planning service including fitting the intrauterine devices and other contraception devices, and identified all pregnant women to invite them for influenza and pertussis vaccines.

Consent to care and treatment

Staff sought patients' 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 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. We saw copies of consent forms and the templates used to record consent gained from patients for minor surgery and other procedures.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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 diagnosed with emotional problems or stress. Patients were then signposted to the relevant service or appointments were made with the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83.89%, which was comparable to the national average of 81.88%. There was a process to offer telephone reminders for patients who did not attend for their cervical screening test. Early morning, lunchtime and evening appointments for cervical screening

had been introduced to help improve patient screening; figures were beginning to reflect this. The practice 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 86.7% to 99.1% and five year olds from 88.9% to 99.1%. Flu vaccination rates for the over 65s were 78.3%, and at risk groups 49.49%. These were comparable to CCG and national averages. Additionally the practice went out to a local college for students diagnosed with a learning disability to perform a flu clinic, rather than the students having to attend the surgery individually.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and health checks for patients identified with long term conditions and learning disabilities. Appropriate follow-up appointments following the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed 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 consultation and treatment room doors were closed during consultations and 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.

We heard examples of how staff supported patients who required assistance. For example, where a patient needed admitting to hospital following their appointment. The ambulance was considerably delayed in collecting the patient. Staff noticed the patient becoming distressed, ensured they were comfortable, provided reassurance. We saw a thank you card from the patient acknowledging the very caring nature of the staff involved.

The majority of the 49 patient Care Quality Commission comment cards we received were very 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 spoke with three members of the patient participation group. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted how staff responded compassionately when they needed help and provided support when required. This information was corroborated by thank you cards sent in by patients to practice staff including the reception team.

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

- 96.7% 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% said the GP gave them enough time (CCG average 89.8%, national average 86.6%).
- 99.4% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95.2%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9%, national average 85.1%).
- 94.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 90.4%).
- 93.6% 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 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 very 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:

- 92.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.1% and national average of 86%.
- 83.1% 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 translation services were available for patients who did not have English as a first language. We saw notices in the reception area in five different languages informing patients this service was available. A separate chaperone notice was available in 8 different languages.

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 those patients on the practice list who were carers. Written information was

Are services caring?

available to direct carers to the various avenues of support available to them. The practice had a carers champion who supported carers and they maintained a noticeboard providing information for carers about local support services. Carers of patients diagnosed with a learning disability were routinely signposted to Compass Care, a local carers support and advocacy group.

Staff told us if families had suffered bereavement, their usual GP contacted them or sent them a sympathy message. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on 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. For example, the provision of integrated care through involvement with the vanguard and symphony projects. (The Vanguard project provides closer working between GPs, the hospital, community staff and social workers, with staff sharing expertise, resources and information to provide easier, swifter access to the right care and help avoid unnecessary admissions to hospital. The Symphony project provides new care models for people with long term conditions in South Somerset).

- The practice offered extended hours on a Monday evening and Saturday morning for pre-booked appointments. These were targeted towards working patients and students who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were accessible facilities, hearing loop and translation services available.
- The practice had identified a pattern of students attending a local college from outside the area who were accessing appointments for sexual health and contraception advice. In response the practice had arranged to deliver a sexual health information session in the coming months at the college to support the wider student population.
- A local college for students with learning disabilities had made an award to the practice for their outstanding support of students. The practice provided a regular clinic at the college as well as medicals, health checks and routine appointments to the students in addition to annual influenza vaccines. Information about their care and treatment was provided in easy read format where required. One of the practice nurses provided a detailed

training session for staff at the college to ensure they were safely skilled in administering emergency medicine to students, if the circumstance arose, to support and safely manage epileptic seizures.

- The practice had been one of the first in the United Kingdom to offer near patient testing for International Normalisation Ratio (INR) and has continued since then. Trained health care assistants offered home visits for this service when necessary.
- A former partner of the practice with a special interest in dermatology provided minor dermatology surgery in the practice. This work was done on behalf of the CCG but benefited patients at the practice as it meant they did not need to go to hospital for their surgery. Audits carried out by the GP showed the risk of patients gaining post-surgery infections were significantly lower where the surgery was carried out in the practice rather than in hospital.
- Where staff training was planned the practice informed patients up to a year in advance of practice closures and the alternative arrangements for seeing a GP during this time.
- GPs and nurses worked closely with local community mental health services including having a visiting counsellor. They were able to arrange same day appointments for patients in crisis. A planned 'Mental Health Awareness Week' had been scheduled for November 2015 to promote a wider awareness of mental health issues and the support services available.

Access to the service

The practice is open between 8:30 am and 6:30 pm Monday to Friday, appointments are available during these times. Extended hours are offered at the following times on Monday evenings between 6:30 and 8 pm and every Saturday 8 am until 9:30 am for pre-booked appointments for those patients who cannot visit the practice during normal hours. In addition to pre-bookable appointments could be booked up to five weeks in advance and urgent appointments were available for people who needed them. The deputy practice manager monitored appointment to ensure adequate appointments were available each day. Where there were not additional resources were arranged for example, during planned holiday periods known locums were booked.

Are services responsive to people's needs?

(for example, to feedback?)

The practice provided a range of online services for patients to book or cancel appointments, request repeat prescriptions and update their personal records.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was comparable to or much better than local and national averages. People told us on the day they were able to get appointments when they needed them from a responsive and friendly practice.

- 75.8% 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%.
- 87.5% patients said they could get through easily to the practice by phone (CCG average 78.6%, national average 73.3%).
- 88.2% patients described their experience of making an appointment as good (CCG average 79.2%, national average 73.3%).
- 84.2% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70.1%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, we noted the practice responded quickly to complaints and concerns to try and provide an immediate outcome for patients. The complaints were routinely discussed in staff meetings and the discussions were minuted. We noted a formal complaints log was not kept making it difficult for the practice to identify trends or track how the complaints were handled.

- 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 information was available to help patients understand the complaints system for example, posters displayed, leaflet available and information on the practices website.

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. We noted 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, ensuring conversations between staff were not overheard by patients.

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 included providing high quality, holistic, safe, accessible and cost-effective primary care. Staff told us they knew and understood the values of the practice and these were discussed at away days.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan included succession planning for planned staff retirements or where staff planned to reduce their hours.

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. However, we noted staff found some policies difficult to locate due to the way the intranet had been structured. The management team told us they proposed to review the system to make it more accessible to all staff.
- A comprehensive understanding of the performance of the practice was maintained through regular reviews and meetings. Minutes of meetings provided by the practice showed performance was a regular item on the agenda of monthly plenary meetings. Additionally the practice received regular prescribing performance information from the Clinical Commissioning Groups pharmacist. Audits carried out by GPs, nurses, the practices data team and the management team ensured performance information was routinely available. And assisted in making service improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We noted risks had been assessed and were

told about quarterly reviews of these assessments by the practice manager. The documents we looked at did not reflect these reviews however, the practices carried out by staff reflected current guidance.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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 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/or written apology where appropriate.
- they kept written records of verbal interactions as well as written correspondence. This information was discussed in staff meetings and with relevant staff teams to ensure improvements to the service were implemented.

There was a clear leadership structure in place and staff told us they felt supported by the management team.

- Staff told us the practice held regular team meetings and provided us with copied of the minutes of those meetings.
- 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. They stated they felt supported if they did raise issues. We noted team away days were held every six months.
- 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, the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Improvements included setting up a prescribing team managed by a team of up skilled former reception staff; providing a medicines query call back system by the prescribing team and

Are services well-led?

Good 

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

providing nurse and health care assistant training so additional clinics could be provided to patients diagnosed with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease.

- Practice staff told us the leadership team arranged at least two staff social events a year which all staff were encouraged to attend. They told us they felt the events helped build stronger team working relationships.

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 gathered feedback from patients through their patient participation group (PPG) and through surveys and complaints received. There was a proactive PPG with a core of 10 members who met face to face regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improving access to appointments and improved telephone access.
- The three patient participation group members we spoke with during our inspection spoke highly of the interactions they had with the partners and management team. They acknowledged communication had been a previous problem with the practice however the current management team was responsive to their involvements. They told us about how they were listened to and about how suggestions for improvement were adopted. They commented positively about the care and treatment they received as patients.

- On behalf of the practice the PPG had reviewed all the Friends and Family Test returns and the comments provided; these were highly positive. They had collated all of the comments received and grouped the responses into categories. The practice was in the process of analysing this information to identify further service improvements.
- The practice had gathered feedback from staff through staff away days and generally 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. Improvements included arranging evening and weekend flu vaccination clinics with the prescribing team providing patient record input and working directly with parents and carers to ensure medicines were provided immediately at times of critical care.

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. A recently implemented audit concerning clinical demand was being used to identify GP patient contact and peak demand. It was hoped this information could be used to balance out workloads and support more effective use of staff resources and ensure an appropriate skill mix at all times. The practice had considered future planning and the skill mix required at a leadership level. As well as GPs the leadership team included the business manager with further plans to include a nurse practitioner as a partner in January 2016.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Disclosure and Barring service checks had not been carried out for a nurse employed by the practice. Similar checks or a risk assessment had not been carried out for non-clinical staff undertaking chaperone responsibilities. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in– (a) paragraph (1), or (b) in a case to which regulation 5 applies, paragraph (3) of that regulation. Regulation: 19 (2)(a)(b)