

# West Coker Surgery

## Quality Report

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Yeovil

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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 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 West Coker Surgery (then known as Westlake Surgery) on 23 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for West Coker Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 1 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice and all population groups are now rated as good.

Our key findings were as follows:

- Staff had a record of appropriate training relevant to their role, including up to date training in safeguarding adults, basic life support, fire safety and infection control.

- There were effective arrangements in place to assess, monitor, manage and mitigate risks in respect of health and safety. These arrangements included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, reviewing patients' medicines, the risk assessment of legionella; and a comprehensive business continuity plan was in place.
- Arrangements for engaging patients with a learning disability and those diagnosed with a mental health condition were in place which ensured they had the appropriate care and support and attended annual reviews.
- Systems were in place to assess, monitor and improve the quality and safety of the service, including those for up to date record keeping, including for staff training and for significant events; for a rolling programme quality improvement, such as clinical audits; and for engaging with patients, such as through a patient participation group.
- Arrangements to identify and support carers were in place.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our inspection on 23 November 2016, we found:

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the system used for recording significant events and that actions were completed was not consistently implemented.
- Although risks to patients were assessed, some systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found the medicine reviews were not up to date for all patients; and arrangements for safety alerts did not ensure patient safety.
- The practice did not have a legionella risk assessment or a business continuity plan in place; and there were gaps in the records of staff recruitment and training.

At this inspection on 1 November 2017, we found:

- appropriate incidents were being recorded consistently as significant events and a spreadsheet was in use to monitor progress, including that all actions were completed.
- there were effective arrangements in place to assess, monitor, manage and mitigate risks in respect of health and safety. These arrangements included systems for reviewing patients' medicines, which were all up to date; and for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts.
- a risk assessment of legionella, along with monthly monitoring of water temperatures was in place, as was a comprehensive business continuity plan.
- staff had a record of appropriate training relevant to their role, including up to date training in safeguarding adults, basic life support, fire safety and infection control.

Good



### Are services effective?

At our inspection on 23 November 2016, we found:

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, we found some patients who had a learning disability or who had a mental health condition had not received a review of their health or care.

Good



# Summary of findings

- There was no evidence that audit was driving quality improvement. Two clinical audits had been carried out in the last 12 months but were not full cycle audits and did not demonstrate improved outcomes for patients.
- 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. However, not all staff had a record of up to date training relevant to their roles and responsibilities. For example, there was little or no record of staff training in infection control, basic life support, fire safety and safeguarding adults.

At this inspection on 1 November 2017, we found:

- arrangements for engaging patients with a learning disability and those diagnosed with a mental health condition were in place to ensure they had the appropriate care and support. We saw that a programme of annual reviews was in place.
- systems were in place to assess, monitor and improve the quality and safety of the service, including a rolling programme quality improvement. We saw three full cycle clinical audits had been completed and evidence of improved outcomes for patients.
- improved systems were in place for record keeping. We saw that staff had a record of appropriate training relevant to their role, including up to date training in infection control, basic life support, fire safety and safeguarding adults.

## Are services well-led?

At our inspection on 23 November 2016, we found:

The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents, however, this was not implemented well enough to ensure information was shared with all relevant staff and that appropriate action was taken.

The practice had a number of policies and procedures to govern activity, but some of these could not be located on the day of inspection and we saw some were overdue for review.

There were inadequate arrangements for record keeping, including for staff training and; for recording significant events consistently and completely; for a rolling programme quality improvement, such as clinical audits; and for engaging with patients, such as through a patient participation group.

At this inspection on 1 November 2017, we found:

Good



# Summary of findings

- there were effective arrangements in place for addressing notifiable safety incidents; and to ensure information was shared with all relevant staff, including locum GPs, and that appropriate action was taken.
- improved systems were in place for record keeping, including for staff training and for recording significant events. We saw that policies had been reviewed and were up to date, including policies for safeguarding children and vulnerable adults.
- arrangements were in place for a rolling programme quality improvement, including clinical audits.
- Improvements in the arrangements for engaging with patients were in place, including through a patient participation group and systems to identify and support carers. We saw evidence of positive feedback from patients, including above average satisfaction scores in the latest GP patient survey results.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# West Coker Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was carried out by a CQC Lead Inspector.

## Background to West Coker Surgery

Dr Lindsay Smith is an individual provider on the outskirts of Yeovil. Dr Smith supported around 1,800 patients and operated as one of two practices based in the shared Westlake Surgery premises. On 1 October 2016 the other individual provider in the premises, retired and Dr Smith was commissioned by Somerset Clinical Commissioning Group to take on responsibility for those patients. The practice is now known as West Coker Surgery and supports approximately 3,800 patients. There is a dispensary on site that was shared by both practices and is now operated by Dr Smith. The practice was able to provide pharmaceutical services to those patients on the practice list that lived more than one mile (1.6km) from their nearest pharmacy premises.

This report relates to Regulated Activities provided from:

West Coker Surgery

High Street

West Coker

Yeovil

Somerset

BA22 9AH.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes

enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The age distribution of male and female patients similar to national average figures. Average life expectancy for the area is higher than national figures with males living to an average age of 83 years and females to 85 years.

There is one male GP partner who provides eight sessions per week as well as various locums who provide a total of six sessions per week. The GP is supported by a practice nurse, two part-time healthcare assistants, a practice manager and additional administrative staff. The dispensary has a team of four dispensers, including a dispensary manager.

Patients using the practice also have access to community staff including district nurses and health visitors. A midwife is based at the practice one half day session per week. The practice is a level two research practice and carries out studies to identify potential improvements to patient care.

The practice is open from Monday to Friday, between the hours of 8.30am and 6.30pm, with extended opening hours from 6.30pm to 7.30pm every Tuesday and Thursday. GP

# Detailed findings

appointments are 12 minutes long and typically are available from 8:30am to 11.30am and from 5pm to 6pm each Monday, Wednesday and Friday; and from 3.45pm to 6.30pm each Tuesday and Thursday. GPs offer patients face to face appointments, telephone consultations, and make home visits where appropriate.

When the practice is closed patients are directed to the NHS 111 service where patients can be referred to Vocare GP Out of Hours service if further clinical advice is required.

## Why we carried out this inspection

We undertook a comprehensive inspection of West Coker Surgery on 23 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in November 2016 can be found by selecting the 'all reports' link for West Coker Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of West Coker Surgery on 1 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we spoke with a range of staff (including the lead GP, practice manager and lead practice nurse) and spoke with representatives of patient participation group (PPG) who used the service.

We looked at information the practice held and used in relation to:

- records of staff training relevant to their role.
- arrangements to assess, monitor, manage and mitigate risks in respect of health and safety, including systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, reviewing patient's medicines, the risk assessment of legionella; and business continuity.
- arrangements for engaging patients with a learning disability and those diagnosed with a mental health condition, including arrangements for annual reviews.
- systems to assess, monitor and improve the quality and safety of the service, including those for up to date record keeping, including for staff training; significant events; quality improvement, such as clinical audits; and for engaging with patients, such as through a patient participation group.
- arrangements to identify and support carers.

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



# Are services safe?

## Our findings

At our previous inspection on 23 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events; safety alerts; safeguarding children and vulnerable adults; infection control; medicines management; legionella risk assessment; annual basic life support training; and business continuity planning needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 1 November 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our inspection on 23 November 2016, we found:

That not all incidents had been recorded consistently and completely as significant events. For example, we saw two significant events in the last 12 months where there was no record that actions had been completed.

The practice placed Medicines and Healthcare products Regulatory Agency (MHRA) alerts into a file that was accessible to staff. MRHA alerts were reviewed monthly during staff meetings. However, this did not ensure that all clinicians, including locums were made aware of alerts immediately.

At this inspection on 1 November 2017, we found:

We saw that appropriate incidents were being recorded consistently as significant events and a spreadsheet was in use to monitor progress. The spreadsheet recorded brief details, who was involved, at what meeting(s) had the event been discussed, the outcome and final sign off date. We saw three examples of significant events all of which were recorded on a standard form which included summary of events, action points, lessons learned, timeline of events and confirmation that all actions were completed.

Effective arrangements were in place to assess, monitor, manage and mitigate risks to the health and safety of service users. These included systems for addressing MHRA safety alerts; and we saw examples of alerts received by the lead nurse and dispenser that had been reviewed promptly; and action had been taken by relevant clinicians or staff. Arrangements were in place to ensure cover for the

absence of the lead nurse or dispenser; alerts were subsequently discussed at monthly clinical or practice meeting as and each one was signed off by the GP to confirm action had been completed.

### Overview of safety systems and process

At our inspection on 23 November 2016, we found:

Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. However, we found the safeguarding children policy and procedure was overdue a review and referred to staff members who no longer worked at the practice.

Staff we spoke with demonstrated they understood their responsibilities and had received training on safeguarding children, relevant to their role. However, only one member of staff had a record of safeguarding adults training.

The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who had received appropriate training. However, we found that the practice nurse was the only member of staff who had a record of up to date training.

The arrangements for managing medicines in the dispensary, and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. However, the practice was aware that some medicine reviews for some patients, who were newly registered with the practice, had not been completed within the recommended time frame. The practice told us this was as a result of the merger and they had scheduled these reviews to be completed as soon as possible.

At this inspection on 1 November 2017, we found:

The policy for safeguarding children had been reviewed and updated in March 2017 and the policy for safeguarding vulnerable adults had been reviewed and updated in April 2017. Both documents were available to staff and included local contact details for relevant agencies.

We saw records of training for all staff in safeguarding of vulnerable adults and infection prevention and control. A training matrix was in use to monitor training needs and record training and learning completed, including sessions provided as part of monthly whole practice staff meetings.

## Are services safe?

Arrangements were in place to carry out timely and consistent reviews of patients' medicines, including those patients who had registered with the practice as a result of the merger in 2016. We saw evidence on the clinical computer system covering the previous three months that showed all patients had an up to date review of their medicines.

### **Monitoring risks to patients**

At our inspection on 23 November 2016, we found:

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. However, the practice had not completed a legionella risk assessment to identify if there was any risk to patients and if any precautionary measures were required. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At this inspection on 1 November 2017, we found:

We saw a risk assessment for legionella had been carried out and records demonstrating monthly water temperature monitoring of the all outlets. Staff we spoke to were clear of the action that would be taken should any results be outside acceptable limits.

### **Arrangements to deal with emergencies and major incidents**

At our inspection on 23 November 2016, we found:

We found some staff had not received annual basic life support training and the practice did not have a comprehensive business continuity plan in place for major incidents, such as power failure or building damage.

At this inspection on 1 November 2017, we found:

We saw that a comprehensive business continuity plan was in place, including for example, loss of utilities, flooding, incapacity of key staff and other major incidents. There was also procedure in place for business continuity should the clinical computer system fail.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 23 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of annual health reviews; quality improvement, including clinical audits; and training in basic life support, infection control, safeguarding adults and fire safety needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 1 November 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

At our inspection on 23 November 2016, we found:

We saw that the patients who have a learning disability had care plans in place. However, we found that not all of the patients who had been identified as having a learning disability had attended an annual health review in the last 12 months. The practice told us these were patients who had joined the practice as a result of the recent merger; and they would review arrangements to ensure that all patients with learning disability received appropriate care and support.

There was evidence of quality improvement including clinical audit. There had been two clinical audits carried out in the last two years and whilst these were not full cycle audits, we saw that they confirmed appropriate monitoring and care had been implemented. We saw plans to complete the full cycle of these audits within one year.

At this inspection on 1 November 2017, we found:

The practice had ensured that arrangements to identify and support different population groups including people with learning disabilities; and patients with a diagnosed mental health condition were implemented for all patients. This included those patients who were registered as a result of the merger in 2016. We saw evidence that patients were invited to attend annual health reviews to ensure appropriate care and support was in place. For example, to date approximately half the annual programme of health checks for patients with a learning disability had been

completed. Named reception staff had responsibility for patients with specific long term conditions and were using telephone calls and letters to encourage attendance at appointments to ensure they accessed appropriate care.

We saw evidence of a programme of quality improvement, including clinical audits. This included three full cycle clinical audits that had been completed which demonstrated improved outcomes for patients. For example, the audits of patients with a diagnosis of diabetes taking specific medicines; of patients with osteoporosis; and of patients with a potential diagnosis of diabetes mellitus all demonstrated improvements in care and clinical coding. Regular computer searches had been implemented for these groups of patients to sustain the quality of care; and we saw plans for further improvement through audits, for example of patients with gout; and planned training for staff on advanced computer search skills.

### **Effective staffing**

At our inspection on 23 November 2016, we found:

All staff had received an appraisal within the last 12 months; and had access to and made use of e-learning training modules and in-house training. However, the practice did not have a system in place to identify and review the training needs of staff. We found that not all staff had a record of relevant training in basic life support, infection control, safeguarding adults or fire safety. For example, only one person had a record of infection control and prevention training; and whilst all relevant staff had completed safeguarding children training, only one person had a record of up to date safeguarding adults training. We spoke to the practice who told us they would arrange for all staff to receive up to date training relevant to their role.

At this inspection on 1 November 2017, we found:

The practice had implemented a programme of training, including e-learning and face to face events, sometimes combined with monthly whole practice staff meetings, to ensure that all staff had up to date training. We saw records of individual and group training sessions confirming that all staff had received relevant training, including in basic life support, infection control, safeguarding adults or fire safety.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 23 November 2016, we rated the practice as inadequate for providing well-led services as we found the arrangements for governance and quality improvement were ineffective. The areas of concern included addressing safety alerts; reviewing patient's medicines; risk assessment of legionella; business continuity planning; record keeping, including for staff training; clinical audits; keeping policies up to date; engagement with people who use services; annual reviews for relevant patient groups; and support to patients who were carers.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 1 November 2017. The practice is now rated as good for being well-led.

### Governance arrangements

At our inspection on 23 November 2016, we found:

The practice had inadequate governance arrangements to support the delivery of good quality care. The practice had a number of processes that were not fully implemented to ensure the provision of good quality care. For example:

- There were ineffective arrangements in place to assess, monitor, manage and mitigate risks to the health and safety of service users. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, reviewing patient's medicines, the risk assessment of legionella and business continuity planning.
- The practice did not have effective systems for recording keeping. For example, to ensure records of significant events were consistent and all actions had been completed; and to demonstrate that all staff had received and had a record of appropriate training relevant to their role, including up to date training in safeguarding adults, basic life support, fire safety and infection control.
- The practice did not have a programme of continuous clinical audits to monitor quality and to make improvements. For example, the two clinical audits that had been carried out were not full cycle audits and did not demonstrate improved outcomes for patients.

The practice had a number of policies and procedures to govern activity but these were not all up to date. For example, the recruitment policy and the safeguarding children policy were both dated April 2013 with a review due dates of April 2016.

The practice needed to review systems that identified and supported different population groups including people with learning disabilities; patients with a diagnosed mental health condition to ensure they have the appropriate care and support and attend annual reviews; and to identify and offer support to all patient who were carers.

At this inspection on 1 November 2017, we found:

The practice had improved a number of processes to ensure the provision of good quality care. For example:

- We saw effective arrangements in place to assess, monitor, manage and mitigate risks to the health and safety of service users. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. We saw examples of alerts received and action taken, including records showing all relevant staff, including locum GPs, had been notified.
- Arrangements were in place to carry out timely and consistent reviews of patients' medicines and we saw evidence covering the last three months showing no reviews were overdue. We saw that a risk assessment for legionella had been carried out and records of monthly monitoring; and a business continuity plan was in place.
- We saw effective systems were in place for recording keeping. These included, for example, consistent recording of significant events and that actions had been completed. All staff had received and had a record of appropriate training relevant to their role, including up to date training in safeguarding adults, basic life support, fire safety and infection control.
- We saw evidence of a programme of quality improvement, including clinical audits. Three full cycle clinical audits had been completed and we saw evidence that the improvements were sustainable through regular computer searches in place for these groups of patients.

The practice had reviewed and updated policies and procedures to govern activity. For example, the policy for safeguarding children had been reviewed and updated in March 2017 and the next review was planned for 2020.

# Are services well-led?

Good 

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

The practice had ensured that arrangements to identify and support different population groups including people with learning disabilities; and patients with a diagnosed mental health condition were implemented for all patients. This included those who were registered as a result of the merger in 2016 and we saw that the annual programme of health checks for patients with a learning disability, managed by the nursing team, was on schedule.

The practice had arrangements in place to identify and support patients who were carers. For example, the practice's computer system alerted GPs if a patient was also a carer. The practice had identified 109 patients as carers (3% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

At our inspection on 23 November 2016, we found:

Friends and Family Test feedback cards were available in the waiting area. However, there was minimal engagement with people who use services or the public. For example, the practice did not have a patient participation group (PPG) in place.

At this inspection on 1 November 2017, we found:

An active and enthusiastic virtual PPG had been established and had worked with the practice for nine

months. An aims and constitution document set out the arrangements for the PPG. We spoke with two representatives who told us the practice provided easy and prompt access to appointments; there was continuity of care from clinicians; and communication was open and honest. For example, patients had been kept informed regarding the merger in 2016; and suggestions made by the PPG were being actioned to improve the practice facilities such as decoration of and information in the waiting area.

We saw evidence of positive feedback from patients, including in the latest GP patient survey results (6 July 2017), in which the practice was rated above average for satisfaction scores. For example:

- 100% of patients said they could usually get to see or speak to their preferred GP, compared with the clinical commissioning group (CCG) average of 63% and the national average of 56%.
- 100% of patients said they find it easy to get through to this surgery by phone, compared with the CCG average of 77% and the national average of 71%.
- 90% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared with the CCG average of 69% and the national average of 64%.
- 96% of patients describe their overall experience of the surgery as good, compared with the CCG average of 88% and the national average of 85%.