

Highbridge Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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

The practice was previously inspected by the Care Quality Commission on 29 September 2015 and 2 August 2016 under the previous Provider. As a result of an inadequate rating the service was placed into special measures. In October 2016 Symphony Health Services agreed to assist the practice to action the changes required to ensure the service was safe, effective, caring, responsive and well-led. On 1 April 2017 Symphony Health Services became the registered provider for the location, Highbridge Medical Centre.

We carried out an announced comprehensive inspection at Highbridge Medical Centre on 13 June 2017. Overall the practice is rated as requires improvement. Following our inspection additional information and evidence was provided to demonstrate actions to ensure compliance were taken after our visit.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The provider had clearly defined and embedded systems to minimise risks to patient safety.
- Risks in regard of patients and staff safety required an additional focus such as infection prevention control, staff mandatory training and staffing levels. However there was evidence the practice were working towards rectifying these concerns or risks in regard to patients and staff safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients we spoke to were complimentary and spoke of a much improved service. They told us that most of the time they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear governance structure within Symphony Health Services, the provider and staff felt supported by management. However, the practice currently relied on a clinical lead to provide professional support to all clinical professionals due to vacancies and regular use of locum GPs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a comprehensive practice improvement plan in place and we saw evidence of new developments and changes to the practice.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements:

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment such as provision of adequate GP appointments during core practice hours.

In addition the provider should:

- Embed clinical audits and re-audits to improve patient outcomes. And consider a process to check patients consent has been recorded appropriately.
- Address identified concerns with infection prevention and control practice.
- Embed mandatory training provision for existing staff. For example, fire safety training.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety. Although patients were potentially at risk of harm because systems and processes were incomplete such as infection, prevention and control and overarching fire safety management.
- There were not enough clinical staff to keep patients safe. The practice had vacancies including two advanced nurse practitioners and 2.25 whole time equivalent GPs. They relied on regular GP locums.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Staff were aware of current evidence based guidance.
- A work plan for clinical audits was in place although clinical audits that demonstrated they were driving improvement in patient outcomes were not available on the day of the inspection.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey (July 2017) showed some improvements in patient ratings for several aspects of care.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, working in partnership with other health providers for provision of additional services such as a mental health practitioner.
- The new provider had reviewed the needs of the local population; a development plan to secure improvements for all of the areas identified was in progress.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easier 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 evidence from examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure at provider level and practice staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There were not enough clinical staff to keep patients safe. The practice had vacancies including 2.25 whole time equivalent GPs. They relied on regular GP locums. However, a clinical lead was in place and we saw evidence of a pro-active approach to improve access to health care professionals. and an interim clinical lead.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a 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 requires improvement for the care of older people to bring the rating in line with the overall rating.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital.
- The practice provided patients with a foot care clinic.
- The practice was signed up to the local village agent project to provide isolated, vulnerable and lonely patients with a signposting and referral service.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term to bring the rating in line with the overall rating.

- Practice nurses had lead roles in long-term disease management such as diabetes and respiratory management. They provided home visits to ensure housebound patients received the same quality of care as patients attending the practice for management of long-term conditions.
- The pharmacist reviewed hospital discharges for patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people to bring the rating in line with the overall rating.

Requires improvement



Summary of findings

- There were systems 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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available with the primary care practitioner.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. Health visitors were based at the practice.
- Pre-bookable family planning appointments were available.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) to bring the rating in line with the overall rating.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice worked within the local GP federation and had received funding to shortly provide evening access for appointments until 8pm once weekly at the practice and limited appointments at other practices.
- The practice offered online services as well as a health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable to bring the rating in line with the overall rating.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) to bring the rating in line with the overall rating.

- The practice carried out advance care planning for patients living with dementia. 35% of those patients had a practice care plan in place (excluding those living in specialist services).
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. They were in the process of becoming a dementia friendly practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice worked with a social enterprise to provide specialist services for patients affected by substance misuse within the practice in the case management of patients experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The survey is reflective of the previous and the new provider. The results showed the practice had slightly improved in some areas of performance compared with the previous survey. Of the 222 survey forms distributed 113 were returned. This represented less than 1% of the practice's patient list.

- 56% of patients described the overall experience of this GP practice as good compared [HD1]with the clinical commissioning group (CCG) average of 88% and the national average of 85%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 86% and the national average of 84%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 81% and the national average of 87%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 24 comment cards of which 18 were positive about the standard of care received. Patients told us the care and treatment they received from nurses and GPs was very good. Patients wrote about improvements in the ability to access appointments however they also told us they had difficulty accessing the service through the telephone system.

We looked at the NHS Choices website to look at comments made by patients about the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We saw there were 2 reviews since April 2017. Patient comments included an improved appointment system.

The NHS Friends and Family Test for April and May 2017, where patients were asked if they would recommend the practice, showed responses from 12 patients. Of these four respondents were extremely likely or likely to recommend the practice to their family and friends.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. GPs were highlighted as good listeners and having an interest in individual care and wellbeing. Patients told us the service had improved including access to appointments.

We also spoke to six members of the patient participation group (PPG). All were positive and optimistic about the changes that Symphony Health Services had made since taking over the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment such as provision of adequate GP appointments during core practice hours.

Action the service **SHOULD** take to improve

In addition the provider should:

- Embed clinical audits and re-audits to improve patient outcomes. And consider a process to check patients consent had been sought and recorded appropriately.
- Address identified concerns with infection prevention and control practice.
- Embed mandatory training provision for existing staff. For example, fire safety training.

Highbridge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, two CQC inspectors and an inspection manager.

Background to Highbridge Medical Centre

Highbridge Medical Centre is located in Highbridge, situated seven miles north of Bridgwater, on the edge of the Somerset Levels in the Sedgemoor district of the County of Somerset. The practice provides primary medical services to approximately 12,589 patients living in Highbridge and the surrounding area.

Data from Public Health England show that the practice had a higher than average population of patients over 65, 28%, in comparison with the clinical commissioning group (CCG) average of 23% and a national average of 17%. The population of Highbridge as a whole is older than the national average. In addition there are a large number of single parent families. The practice is situated in an area with less deprivation with a deprivation score of 22% compared to the CCG average of 18% and the national average of 22%.

The practice was previously inspected by the CQC on 29 September 2015 and 2 August 2016 under the previous Provider. As a result of an inadequate rating the service was placed into special measures. In October 2016 Symphony Health Services agreed to assist the practice to action the

changes required to ensure the service was safe, effective, caring, responsive and well-led. On 1 April 2017 Symphony Health Services became the registered provider for the location.

Symphony Health Services (SHS) is one of the NHS England Vanguard schemes, known as South Somerset Symphony programme. (As a subsidiary of Yeovil District Hospital NHS Foundation Trust). SHS currently has four general practice locations within Somerset.

The practice is located in a purpose built surgery built in 1993 which is leased to SHS. The practice has a spacious waiting area with the ground floor and the consulting rooms accessible to patients. An improvement plan was in place to improve the waiting area, front desk and patient toilets. During our visit the toilets were in the process of being upgraded. The first floor provides administrative rooms. Within the building is an independent pharmacy. The locality health visitors' service is based within the practice.

The practice has a Primary Medical Services contract (PMS) with NHS England to deliver general medical services. The practice provides enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients diagnosed with dementia and minor surgery.

The practice is open from 8.30am to 6.30pm with phone lines open from 8am. Extended hours surgeries are available on Thursday evenings until 8pm within the practice. The practice closes at 12.30pm one Tuesday per month for training. During this time patient care is provided by another practice under a reciprocal agreement.

The practice team includes 2.5 WTE (whole time equivalent) salaried GPs, 4 WTE practice nurses, 2 WTE health care assistants, 0.75 WTE pharmacist, one WTE primary care practitioner and a temporary practice

Detailed findings

manager. In addition two primary care managers from other SHS practices are working on a temporary basis in the practice with an intention to take on a practice manager and deputy role.

A key concern for the practice is the difficulty recruiting GPs with 2.25 whole time equivalent GP vacancies. A part time GP has been appointed for later in the year. Currently three permanent locum GPs are used with additional locums as required. In addition the clinical lead for the practice undertakes patient care. Approximately 40-42 GP sessions are provided per week alongside 16 primary care practitioner and 12 locum nurse practitioner sessions.

We were told from July 2017 a permanent GP will be working remotely to provide telephone consultations and management of diagnostic and screening test results. There are vacancies for two WTE advanced nurse practitioners. A temporary advanced nurse practitioner is shortly due to start at the service and one of the two primary care practitioners is shortly due to leave the service. The temporary practice manager will shortly leave the service and they will be replaced by one WTE manager.

In addition the practice works closely with a local community healthcare provider to provide a mental health practitioner 2.5 days per week. A village agent attends the practice once weekly to provide isolated, vulnerable and lonely patients with a signposting and referral service.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access a local provider which provides an NHS111 and an Out Of Hours GP service.

Why we carried out this inspection

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 13 June 2017. During our visit we:

- We spoke with a range of staff (one salaried GP and three locum GPs, four practice nurses, the primary care practitioner, the pharmacist, two secretaries, three administrative and four reception staff, the temporary and incoming practice manager and the interim clinical lead.
- We also spoke to the Registered Manager who is the medical director for Symphony Health Services and members of their governance team including the lead nurse and quality lead.
- We spoke with patients who used the service.
- We spoke with staff from partnership organisations.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Detailed findings

- 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 to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed the recorded significant event that had occurred since 1 April 2017 and previous incidents which Symphony Health Services had taken management of prior to April. From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice at the practice weekly meetings and the provider monthly performance meeting and bimonthly provider quality meeting. We saw evidence actions were debated and a strategy agreed on actions for all SHS practices. For example, where there were concerns or areas for improvement with clinical staff, the provider shared information with NHS GP appraisers.
- The practice was in the process of being trained to use the SHS (Ulysses) system which ensured incidents were followed up, feedback sent to the reporter and where appropriate action plans created to prevent reoccurrence.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).

The practice did not always maintain appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. There was a potential infection control risk as we saw the baby changing area did not contain access to disinfectant wipes for patients to clean the area. An appropriate waste bin for hand towels waste was required in the sluice and in the cleaner's area, cleaning equipment was stored incorrectly. Following the inspection the service provided an action plan to address these areas.
- One of the practice nurse was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol. It was unclear if staff had received up to date training. Monthly IPC checklists were undertaken. From the information provided to us we did not see evidence the practice had a recorded action plan to address any required improvements identified as a result of the checks. An annual IPC statement and infection prevention and control risk assessment were not evidenced as per the infection prevention and control policy which was last reviewed in February 2017. Following the inspection the service provided an action plan to address these areas.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The primary care practitioners approached GPs to supply prescriptions.
- The pharmacist had responsibility for the management of patients whose medicines had been identified as requiring regular monitoring. They also carried out medicine reviews for patients taking medicines for high blood pressure.
- The cold chain was maintained in the vaccine fridges by regular monitoring however sufficient space should be maintained around the vaccine packages for air to circulate. Following our inspection the provider told us they had addressed this concern on the day of the inspection.

We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety:

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment with an action plan in place and carried out fire drills. There were designated fire marshals within the practice. No single person in the practice had overall responsibility for fire safety although fire marshals and a fire officer were in place. Some staff had not received fire training although we saw evidence that there was a plan in place to deliver this. Emergency lighting checks had been undertaken although a regular check system was required.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. We saw the practice continued to monitor the same quality of support and care as the national quality and outcomes framework, QOF, with five of the key indicators embedded in SPQS. In addition the patient record system alerted clinicians of reviews required for medicines and conditions. For example, an alert that cholesterol screening has not taken place.

As the practice had a new provider (Symphony Health Services) from 1 April 2017 it was too early within the financial year to understand how the practice was meeting targets to monitor patient outcomes.

There was evidence of quality improvement including clinical audit:

- We were provided with some medicine management audits including a re-audit prior to our inspection. We saw evidence that action points resulted from the audit however measurable action plans were not in place and there was no evidence within the audit that action had

been taken. For example, in one audit it was recommended that two patients would have a GP review. There was no date as to when this should take place.

- The pharmacist undertook mini audits for prescribing of medicines such as antibiotics and pain relief. They also received national medicine alerts (MHRA) and we saw action was taken as a result of these. For example, an alert in relation to sodium valproate (a medicine used to treat epilepsy and bipolar disorder and to prevent migraine headaches) resulted in an audit which identified 12 patients for a GP review.
- There had been no clinical audits since the provider had taken on the service. An annual clinical audit plan had been developed and an audit working group set up. Planned audits included one to look at protocols and joint working of patients under shared care for substance misuse, one to review patients with diabetes who had commenced insulin and an annual minor surgery audit. All salaried GPs were expected to be involved in four additional audits on clinical areas looking at some areas of concern, identified within the year.

Information about patients' outcomes was used to make improvements such as working with a local community health trust to provide a mental health worker to provide care and treatment to patients living with mild or moderate mental illness such as anxiety or depression.

The lack of regular salaried GPs meant there was a risk that patients might not receive the continuity of care that would help optimising management of their ongoing or chronic illness. However the provider had sought to employ locum GPs on a regular long term basis.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

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

Are services effective?

(for example, treatment is effective)

number of role-specific topics such as quality improvement and sepsis management). Sepsis is a potentially life-threatening complication of an infection or injury).

- Symphony Health Services had recently introduced a new mandatory training programme consisting of both e-learning and face-to-face training for all staff. The training programme includes equality, diversity and human rights, information governance and conflict resolution training. We looked at the previous providers training matrix which SHS had maintained. We saw there were gaps in training provision. For example, fire safety training although SHS provided evidence training was booked to take place.
- The practice closed for half a day per month to provide staff with training updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. GPs are also provided with performance development appraisals around specific performance indicators and quarterly meetings with the clinical lead. We saw 70% of staff had received an appraisal or had a date booked. This was an improvement where previously administrative staff had not received an annual appraisal.
- Due to clinical vacancies staff such as the primary care practitioners (PCPs) sought support from the clinical lead or the salaried GPs who may not always be working. Some locum GPs told us they were reluctant to provide support to these clinicians due to indemnity reasons. This meant advanced nurse practitioners and PCPs may not always have access to timely support.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice had utilised the skills and knowledge of the NHS referral management centre to provide training for staff and to review referrals against outliers.
- There has been a significant improvement in managing elective referrals and bringing them back towards the clinical commissioning group average. We found that the practice had no backlogs on the day of the inspection and shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

All hospital discharges were reviewed by the pharmacist for review. Changes to prescribed medicines were amended ready for a GP to sanction.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff told us they sought patient's consent however there was no evidence the recording of consent was recorded within patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- A dietician was available on the premises.

Previous data for the practice showed uptake for the cervical screening programme was comparable with the clinical commissioning group and national averages. There was no data relevant to Symphony Health Services at the time of this inspection. Practice nurses undertook regular audits for cervical smears and had high results for good sample taking.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for the previous provider showed uptake rates for the vaccines given were above clinical commissioning group and national averages. There was no data relevant to Symphony Health Services at the time of this inspection.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

Eighteen of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Ten patients commented about the care they received and said staff were helpful, caring and treated them with dignity and respect.

We spoke with 14 patients including six members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The views of external stakeholders were positive and in line with our findings. The clinical commissioning group told us they had been made aware anecdotally of improvement in patient experience. In addition discussion in local forum posts have been positive about the service.

The practice had used information from the previous provider's patient survey to improve services. Results from the national GP patient survey (July 2017) showed patients felt they were treated with compassion, dignity and respect. The practice was mostly below average for its satisfaction scores on consultations with GPs and nurses however some improvements in patient experiences since the previous GP patient survey results could be seen. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

At the time of the inspection the practice were unaware of the results from the national GP patient survey (July 2017) which related to the experience of care and treatment. During the inspection we also looked at other evidence including patient surveys conducted by the practice. We found the practice was actively seeking patient feedback through the *iwantgreatcare* survey. This showed patients felt they were being treated with kindness, dignity and respect.

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

Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (July 2017) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages however slight improvements in patient experiences since the previous GP patient survey results could be seen. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and to the national average of 82%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

At the time of the inspection the practice were unaware of the results from the national GP patient survey (July 2017) which related to the experience of care and treatment. During the inspection we also looked at other evidence including patient surveys conducted by the practice. We found the practice was actively seeking patient feedback through the *iwantgreatcare* survey. This showed patients felt they were involved in decisions about their care.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

The practice had begun working with the village agent project to provide patients with a signposting and referral service. The project helps to bridge the gap between isolated, excluded, vulnerable and lonely patients and statutory and/or voluntary organisations. Staff could refer to the village agent who attended the practice weekly. We saw three examples of how the project had helped to older patients and one young patient who experienced poor mental health.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 understood its population profile and had used this understanding to meet the needs of its population:

- Extended hours was available on a Thursday until 8pm for working patients who could not attend during normal opening hours. In addition the practice is working with the local GP federation and clinical commissioning group on a scheme which would allow patients to also access extended hours at other local practices.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children with the primary care practitioner and those patients with medical problems that require same day consultation. These appointments were triaged to ensure appropriateness.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, direct phone lines were now available for patients to speak to staff about prescriptions or referrals to other services. The system also provided voicemail options so patients could be phoned back if requested. Work had commenced to update the toilets for those affected by disabilities. We saw plans to make the reception desk more accessible for wheelchair users
- The practice provided patients with additional services including a foot care clinic which the practice subsidised for patients.

- The practice worked closely with a social enterprise, to provide specialist services for patients affected by substance misuse within the practice.
- The practice undertook minor surgery.
- The diabetic specialist practice nurse trained community carers on diabetic management and provided a diabetic group for patients to discuss management of their diabetes.

Access to the service

The practice was open between 8.30am and 6.30 Monday to Friday with telephone access from 8am. Appointments varied dependent on the available GPs. Most days appointments were from 8.30am to 12.30pm every morning and 3.30pm to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and access to GP appointments had improved. We reviewed the appointment system, it was evident there was not currently enough clinical staff on duty to meet the needs of patients.

Results from the national GP patient survey (July 2017) showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 62% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 35% of patients said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 71%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 74% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 58% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

The practice had a system to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Home visits were coordinated by the duty Doctor and generally undertaken by the primary care practitioner. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaint 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. In addition complaints were reported by the Symphony Health Services Ulysses system and discussed at the monthly SHS governance and performance meeting.
- All staff had received a half day training in complaint management.

- We saw that information was available to help patients understand the complaints system such as leaflets within the practice and information on the website.

We looked at the two of the five complaints received since the provider took over the service. We were also involved in two complaints that the service received prior to the registration changes. During that time SHS managed the complaints. We found these were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. Complaints were satisfactorily handled and dealt with in a timely way. We saw there was openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, following one complaint around care and treatment received a significant event analysis was undertaken. This resulted in an action to recruit an extra phlebotomist so the practice could ensure there was always available appointments for urgent blood testing.

SHS had a system for their other services where an analysis of trends were looked at and actions were taken as a result to improve the quality of care across all the services. This system now incorporated Highbridge Medical Centre.

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 to aim to treat, educate and empower patients to lead a healthier life by providing high quality, evidence based accessible healthcare. Which would be achieved through an appropriately trained, approachable and mutually supportive practice team. Staff knew and understood this.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Symphony Health Services had in collaboration with their practice staff and patients developed an action plan to support a healthier and happier population. Values had been developed for patients, carers, families and staff with each value having an action plan and in place and leads to take the value forward. For example, one value 'I am listened to and my views matter' was broken down into an action plan to understand and address how patient were listened to.

Governance arrangements

Symphony Health Services had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, practice nurses undertook lead roles in diabetes and long term respiratory conditions, the clinical lead undertook a governance lead role. Symphony Health Services (SHS) supported the practice in areas such as staffing levels where there were not enough staff for all the key areas such as the SHS risk lead.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place and we saw the practice nursing team was fully staffed. Due to 2.25 whole time equivalent GP vacancies the practice were using a number of regular locums and had put measures in place to provide additional staff groups

such as a pharmacist and primary care practitioners. The practice was actively recruiting advanced nurse practitioners (ANP) and had secured a forthcoming locum ANP on a temporary basis. Symphony Health Services had a proactive approach to workflow optimisation and were working hard to recruit GPs and there was flexibility around sharing staff across their practices. In addition a mental health practitioner was employed 2.5 days per week, through the local community health trust to provide care for mild and moderate mental illness. SHS planned to commence a remote GP consultation service. The clinical lead also assisted with appointments when possible.

- Practice specific policies were under review to ensure these were in line with SHS policies. Once reviewed they were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was being developed and maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. In addition team meetings such as a clinical workforce meeting were held weekly to look at governance of those areas.
- There was a plan for a programme of continuous clinical and internal audit which would be used to monitor quality and to make improvements. Although this was not fully functional due to GP vacancies.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, SHS used Ulysses to record all significant events, complaints and incidents across its services. The system allowed the governance and risk manager to have an overarching view of individual risks and themes which would be monitored at strategic level. The system also ensured all incidents and complaints were followed up, feedback sent to the reporter, and where appropriate action plans created to prevent reoccurrence.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

In response to the inspection clinical leadership had taken proactive steps to improve services for patients[HD1]. The

Are services well-led?

Good 

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

more permanent clinical leadership had brought stability to the practice helping to sustain the improvements made. This was further supported by the Symphony Health Services for the overarching governance arrangements.

On the day of inspection the provider demonstrated they had the experience and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held weekly team meetings and monthly training afternoons. Practice nurses had weekly nurse 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 and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the practice manager, clinical lead and wider Symphony Health Services (SHS) management

team. All staff were involved in discussions about how to run and develop the practice and they were encouraged to identify opportunities to improve the service delivered by the practice.

- Staff told us the clinical lead was supportive, helpful & approachable. They said that everyone worked together and described SHS as a positive experience.
- The practice respected individual staff diversity. For example, one GP had adjusted their clinical sessions whilst observing Ramadan.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) The PPG met regularly and there were plans in place for them to carry out patient surveys. The PPG were due to meet with the new provider to review their aims and purpose and discuss proposals for improvements. Two members of staff had been appointed in a PPG champion role to encourage patients to join the group and support current members. The PPG told us of an engaged, open provider. They felt that they were being listened to and the future relationship would be positive and meaningful.
- The provider had provided an open event for patients in May 2017 as an opportunity to ask the provider about their plans for the service and to raise issues and concerns. The PPG reported that patients felt valued and listened to.
- Opportunities were provided within the practices for patients to complete the NHS Friends and Family test and patients were encouraged to provide complaints and compliments via 'iwantgreatcare'. The practice had a folder of numerous patient compliments since our previous visit and used these to inform and improve services.
- The practice had undertaken an 'iwantgreatcare' patient survey in May 2017 which showed 11 out of the 18 patients were extremely likely or likely to recommend the practice. Patients are provided with the opportunity to rate aspects of the service such as their involvement in decisions about their care, cleanliness, receptionists and accessing appointments. An average four out of five stars was awarded.

Are services well-led?

Good 

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

- 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.
- Some GPs we spoke to told us they often felt under pressure due to staff vacancies and

existing workflows for administration and test result management. We spoke to the provider who was looking at solutions to these challenges.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The provider was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

A comprehensive practice improvement plan for the year was in place. This included work streams such as clinical priorities, performance delivery and workforce development. The practices was working with an external

organisations to look at Workflow Optimisation, a method by which practices can safely learn how to deal with clinical correspondence for GPs in a way that reduces the GPs administrative workload.

The practice was working towards a dementia friendly practice status where all staff will receive training for the management and provision of care for people living with dementia.

The practice had worked with its neighbouring practices in the North Sedgemoor Federation to successfully bid for the Somerset Clinical Commissioning Group Improved Access Service. This meant patients will shortly have access to one late night opening until 8pm per week at the practice and access to a limited number of appointments until 8pm at the other practices in the federation.

The practice was fully engaged in the NHS England Vanguard developments, known as the South Somerset Symphony scheme and the Somerset Practice Quality Scheme (SPQS).

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	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing Requirements in relation to staffing</p> <p>How the regulation was not being met</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In particular:</p> <p>In particular there were a number of vacancies for suitably qualified clinical staff.</p>
Family planning services	
Surgical procedures	
Transport services, triage and medical advice provided remotely	
Treatment of disease, disorder or injury	