

Summervale Surgery

Inspection report

Canal Way

Ilminster

Somerset

TA19 9FE

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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.

Overall summary

We carried out an announced focused inspection at Summervale Surgery on 27 November 2019. Following our comprehensive inspection at Summervale Surgery (7 August 2019) the location was rated as inadequate with an inadequate rating for safe, effective and well-led and a good rating for caring and responsive.

Following this inspection we placed the service into special measures. The serious concerns were such that we took further steps to ensure the provider made changes to the governance of the service to reduce or eliminate the risks to patients. The provider was required to make improvements in respect of these specific deficits, as outlined in the warning notices of 23 August 2019 to be completed by 15 November 2019.

We issued warning notices in regard to:

- Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance
- Regulation 18(2) of the Health and Social Care Act (Regulated Activity) Regulations 2014, Staffing.
- Regulation 19(1)(2)(3) of the Health and Social Care Act (Regulated Activity) Regulations 2014, Fit and proper persons employed.

This focused follow up inspection was undertaken on the 27 November 2019 to check the progress the provider was making in regard to the regulatory breaches set out within the warning notices. Other areas of non-compliance were planned to be reviewed at a later date by a comprehensive inspection when the provider has had time to implement all the changes required.

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

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

We found that:

- The provider had taken steps to ensure the significant concerns that had been found in relation to the warning notices had or were in the process of being addressed. For example, we found evidence that the concerns around infection prevention and control, management

of emergency medicines such as Oxygen and health and safety relating to risk assessments and COSHH (control of substances harmful to health) had been addressed and improved.

- The provider had implemented changes to the management and administration system for safer recruitment and for mandatory learning and development. However there were still gaps in the safer recruitment process and the completion of mandatory training.
- A review of the quality improvement scheme (QOF) showed improvement in terms of improved management of the system. They were able to demonstrate quality indicators for the management of chronic disease criteria was improving.
- The practice had an action plan which demonstrated work was being taken to improve systems and processes. The implementation of an overarching governance framework for systems and processes required further attention to improve the quality and safety of the services and to mitigate risks relating to the health, safety and welfare of staff and service users.
- Staff told us communication and leadership within the practice had improved. They felt included and updated with regards to the changes. They told us leaders were visible and listened to concerns.

There were areas of the service where the provider needs to make improvements.

Importantly, the provider **must**:

- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There were areas where the provider **should**:

- Continue to review and update where necessary risks assessments relating to health and safety at work. For example, the actions from the fire risk assessment.
- Complete annual appraisals for all staff in line with practice policy.
- Continue to review and update staff files in line with NHS guidance.
- Consider processes to identify vulnerable patients such as people living with dementia, veterans and bereaved families.

Overall summary

- Continue to take action to improve emergency admission rates and admission rates to hospital due to respiratory concerns.
- Continue to embed clinical supervision for clinical staff including a formal system to document non-medical prescriber competencies.
- Continue to work towards completion of staff appraisals in line with practice policy.

The service remains under special measures until we have returned to carry out a comprehensive inspection at the

end of this six month period after the initial report was published. If the service has failed to make sufficient improvements the CQC will consider taking steps to cancel the provider's registration.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a CQC inspection manager.

Background to Summervale Surgery

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

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

The practice catchment area is situated within one of the least deprived areas of England ranking eight (with one being the most deprived and 10 the least) within The Index of Multiple Deprivation 2015 (The index is the official measure of relative deprivation for small areas in England). The practice age profile is mostly in line with local and national averages. Patients aged over 65 years of age are slightly higher than local averages at 27% (local 24% national 17%).

Since our previous inspection there had been changes to the partnership. One female partner has relinquished their partnership however they remain as a salaried GP. This meant five GP partners remained (one female and four male).

The practice team includes two practice nurses, a deputy practice manager, a finance and data manager, health care assistants, reception and administrative staff. At the time of the inspection a practice manager was not in post.

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

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Not all staff were up to date with mandatory safeguarding training.• There was a lack of consistency with reporting and recording information of concern.• A patient register for vulnerable adults at risk of or suffering abuse was not in place. <p>This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The provider did not have up to date employee files in line with NHS Employers guidance.

This section is primarily information for the provider

Requirement notices

- The provider did not have a system to assure all clinical equipment had undergone necessary calibration and service.
- The provider had not taken a full evaluation of health and safety of the premises.
- The provider did not have an effective system for learning and dissemination of learning for the complaint and significant event systems.
- The provider did not have an overarching system to ensure the practice's mandatory training completion was fully recorded or implemented. Not all staff were up to date with the provider's required training programme.
- The provider did not follow their complaint policy and record verbal complaints within the complaint system. The complaint system did not document details and actions in line with national guidance.
- The provider did not have an established system of regular engagement and information sharing with the patient participation group (PPG).

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.