

# Buttercross Health Centre

## Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as requires improvement overall.** (Previous rating under a previous provider December 2014 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Buttercross Health Centre on 22 and 23 August 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice could not always demonstrate they learned from them and improved their processes.
- The practice had a plan in place to routinely review the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- They had staff vacancies however a full time GP was due to transfer to the practice nad they were actively seeking to employ clinical and non-clinical staff.
- The practice had listened and acted on patient concerns and complaints around access with a new telephone system and a central prescription hub.
- The health coaches worked with patients to help them develop confidence to manage their conditions, as well as ensuring that any liaison with other services was effective and coordinated. Patients could access the health coaches directly who coordinate care and allowed GPs to focus on the most complex patients.
- There were new policies and procedures and a system of governance which needed to have time to be fully implemented and embedded.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients with regards to infection prevention and control including the necessary information is available regarding staff immunisation status in line with Public Health England(PHE) guidance.
- Ensure there are safe systems in place for fire safety including regular fire drills, checks for safe equipment, including calibration and mandatory training completion for staff.
- Ensure medicines are stored safely and risk assessments for emergency medicines are in place.
- Ensure there are effective systems and processes to ensure good governance.
- Ensure that patients receive an adequate review of their care and treatment needs on a regular basis.

The areas where the provider **should** make improvements are:

- Review the documentation, record keeping processes and follow-up action for patient specific action taken at meetings such as safeguarding meetings and ‘huddles’.
- Review documentation and processes to demonstrate actions taken, lessons learnt and the sharing of lessons within the practice team for significant events and complaints are in place.
- Continue to implement actions to improve the quality of care outcomes (QOF) and clinical management of long term conditions including mental health.
- Review and maintain practice held disease registers such as patients who are homeless.
- Review the process in place with regards to the classification of complaints / concerns and the subsequent investigation.
- Review audits to include a practice led full cycle annual audit programme and evidence of changes to practice as a result of clinical audits.
- Review cervical cancer screening uptake.
- Review risk assessment processes in regard of the changes to the branch surgery with regards to a GP not being on-site to deal with medical emergencies.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Buttercross Health Centre

Symphony Health Services (SHS) is the registered provider of Buttercross Health Centre. SHS is a NHS health care provider, based in Somerset that was developed as part of the South Somerset Symphony Programme – a project which aims to create new and innovative ways to delivering high quality care to patients and strengthening and supporting primary care in the local area. At the time of this inspection, SHS were delivering services from seven registered locations and three branch surgeries. SHS have been providing a service from Buttercross Health Centre since August 2016. In August 2018 the practice merged with The Ilchester Surgery which had been registered with SHS since September 2016.

Buttercross Health Centre service is provided from Behind Berry, Somerton, Somerset TA11 7PB, and delivers a general medical service (GMS) to approximately 7,500 patients. The branch surgery is situated at The Ilchester Surgery, 17 Church Street, Ilchester BA22 8LN. Further information about the practice can be found at [www.buttercrosshc.nhs.uk](http://www.buttercrosshc.nhs.uk).

According to information from Public Health England the practice area population is in the eighth least deprived decile in England. The practice population of children and those of working age is similar to local and national

averages. The practice population of patients living with a long-term condition was similar to local and national averages at 67%, the CCG being 58% and national being 54%.

The practice team is made up of three salaried GPs which equates to 1.32 WTE (whole time equivalent) GPs at the practice (one male and two female). A salaried GPs had recently been employed and will be starting in the practice in autumn 2018 increasing WTE to 2.32. There are two advanced nurse practitioners (ANP), three practice nurses and three health care assistants. The practice has additional clinical specialist staff including an emergency care practitioner (ECP) and a pharmacy technician. Pharmacist support is available through SHS medicines management hub. There are four health coaches. The practice manager is supported by administrators, secretaries, and reception staff.

The practice had vacancies for an advanced nurse practitioner, an emergency care practitioner, a health coach, prescribing clerk and two administrators.

When the practice is not open patients can access treatment via the NHS 111 service.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment

of disease, disorder or injury and diagnostic and screening procedures as their regulated activities. The Registered Manager is the medical director for Symphony Health Services.

# Are services safe?

## We rated the practice requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because people were not always protected from avoidable harm. There was a potential for the safety of patients and staff to be compromised because of gaps in training, actions from external fire safety assessments and oversight of infection, prevention and control had not been fully implemented.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse however, some of these needed improvements.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Not all staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. However, it was not clear how actions from practice clinical meetings where safeguarding concerns were discussed or complex care case discussions were followed up. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, there was no overarching practice documentation to illustrate when clinical staff required revalidation or registration with a professional body. Following inspection, the practice provided documentation to confirm this process was in place.
- The system to manage infection prevention and control (IPC) had gaps. For example, a monthly check had not been carried out since May 2018 at the branch surgery and an annual IPC audit was not documented. There was limited recorded evidence of processes or a record to identify a cleaning programme for reusable clinical equipment.

- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order. Symphony Health Services were aware what they needed to ensure there was a good oversight and system in place for electrical equipment and chemicals stored and used at the practice. However, we found that there were gaps in the oversight of the calibration of equipment as we found some equipment such as the defibrillator at The Ilchester Surgery had not been checked for calibration. This could result in a risk to patient and staff safety and inaccurate health assessments of patients may occur.
- Arrangements for managing waste and clinical specimens did not always keep people safe as failure to temporarily close clinical sharp boxes to prevent content spillage was identified on a number of occasions during monthly checks and had not been acted upon by staff using the equipment.

### Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, at the time of the inspection practice nurse cover was limited due to absences.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures; although the defibrillator at The Ilchester Surgery had not received a recent calibration and risk assessments for recommended emergency medicines (UK Resuscitation Council) not purchased by the practice were not in place.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. At The Ilchester Surgery a GP is not present and there was no risk assessment in place for the management of medical emergencies.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- The practice regularly assessed the impact of fire safety however, actions had not been completed such as

# Are services safe?

rectifying the emergency lighting, identified as being insufficient at The Ilchester Surgery. Not all staff had completed the provider's mandatory fire safety training and fire drills were not regularly undertaken.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks at Buttercross Health Centre. At The Ilchester Surgery we found medicines including vaccines were not stored securely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in reviews of their medicines.

## Track record on safety

The practice did not have a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues except for recommended emergency medicines not held at the practice and dealing with medical emergencies when a GP is not on the premises.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements. However, we found concerns regarding fire safety, calibration of clinical equipment and infection prevention control.

## Lessons learned and improvements made

The practice did not evidence how lessons were learnt and improvements made when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were some systems for reviewing and investigating when things went wrong. The practice discussed significant events at practice meetings however there was not always documentation to illustrate what action was taken and that lessons were learnt and shared.
- There was limited evidence to demonstrate how lessons were shared and improvements made across the providers services.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as requires improvement for providing effective services. We rated the population groups Long term conditions and Mental health as requires improvement, the population groups of Older people, Families, Children and young people, Working age people (including those recently retired and students) and People whose circumstances may make them vulnerable as good.**

This was because the practice was unable to evidence patients were receiving care and treatment to support good outcomes. There were vacancies in the clinical staff team who were required to maintain the level of care needed to meet patient needs including patients with long term conditions and mental health.

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- They used tools to improve patient treatments such as NEWS2, the national early warning indicators to identify acutely ill patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- The emergency care practitioner (ECP) conducted a weekly ward round to assess the needs of the patients within a local nursing home, demonstrating continuity of care. When required the ECP discussed concerns out of their scope of practice and a GP determined if a GP visit was required.

### People with long-term conditions:

This population group was rated requires improvement for effective because:

- The practice's performance on quality indicators for long term conditions was below local and national averages. For example, the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) was 62% in comparison to the national average of 90%. The practice had worked with the secondary care respiratory nurse specialist to offer a 'hot clinic' where appropriate, for these patients. This meant staff could obtain an urgent opinion from a specialist nurse without referral to an outpatient appointment.
- The practice had an action plan in place to ensure patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, they were aware of the shortfalls in achieving their target because of insufficient staffing levels to carry out these reviews.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice informed us that additional staff would be provided with the necessary training as soon as possible to improve the service for patients. For example, health coaches were being trained to monitor high blood pressure.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People



## Are services effective?

with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above. This demonstrated the practice met the World Health Organisation standards for immunisation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 74%, which was in line with the national average of 72% and below the 80% coverage target for the national screening programme. In response to improving the target the practice nurses were flexible with cervical smear screening by providing appointments between 8.30am and 5.10pm Monday to Friday. Following inspection the practice advised us for 2018/19 the data showed uptake was currently at 79%.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. We were told the homeless people's register had not recently been reviewed. They did not have a military veterans register.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Symphony Health Services provided a health coach service. Health coaches were based at the practice and liaised with vulnerable patients to provide support and liaison with the primary care team, social services and mental health team.

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

This population group was rated requires improvement for effective because:

- The practice's performance on quality indicators for mental health was below local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) was 4.8% which was below the local average of 42% and national average of 90%.
- One GP was working with a local practice to establish treatment escalation plans (STEP) to record clinical decisions which have been made with patient and carer involvement, on what treatments are appropriate.
- The health coaches assessed and monitored the physical health of people with mental illness, if requested by a clinician, by providing access to interventions for physical activity, obesity and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

### Monitoring care and treatment



# Are services effective?

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The practice had opted out of fully using the national Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice).

Where the practice did not use the QOF as a measure to check that specific areas of care and support were achieved with patients they had a programme of priority areas which they had identified as part of their participation in Somerset Practice Quality Scheme (SPQS). These were for 2018/2019:

- Improved diabetic care; Dementia; Bone health; Patients over the age of 65 risk of falls; Increase the number of patients attending for an annual review of hypertension; Increase the number of patients with a learning disability attending for an annual review.

The practice used information about care and treatment to make improvements.

- QOF scores showed some significant negative variations (worse than local and national averages) for most long term conditions. We looked at the most recent data and did not find a significant improvement. The practice had been under pressure due to a lack of clinical staff however they had a plan to improve the management of these conditions which included recruitment of additional clinicians, training for non-clinical staff and an action plan.
- Exception rates for long term condition indicators including mental health were below local and national averages. (Exception rates allow practices to achieve quality improvement without being penalised for reasons beyond their control).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings and appraisals. At the time of the inspection there was not a formal clinical supervision process for clinical staff. Following our inspection, we were provided with a plan for a formal supervision and mentoring process.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

# Are services effective?

- 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.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes and the national 'My diabetes my way' programme.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Health coaches provided regular 'health walks' and monthly flexercise (arm chair exercise class).

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (July 2017) were in line with local and national averages for questions relating to kindness, respect and compassion.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results (July 2017) were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice and all the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Weekly session with a musculoskeletal practitioner was available to all patients with minor musculoskeletal conditions. This saved the need for referral to physiotherapists in the community or secondary care.
- The practice hosts a Citizen Advice drop in service.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and emergency care practitioner also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Health coaches, employed at the practice, were dedicated to dealing with patients who require extra support to enable them to live as independently and as healthily as possible in their own homes and to help reduce hospital admissions.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and complex care team to discuss and manage the needs of patients with complex medical issues.
- The practice encouraged patients to use the Somerset 'My diabetes My way' program, an interactive diabetes website to help support people who have diabetes.
- Health coaches were in the process of starting a regular Parkinson's clinic with a specialist nurse.

### Families, children and young people:

- We found 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Additional contraceptive services such as contraceptive implants and inter uterine coil insertion was available.
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### Working age people (including those recently retired and students):

- The needs of this population group 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, extended opening hours through the local GP Federation which included Saturday appointments.

### People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The health coaches had set up a monthly coffee morning / support group, 'Chatterbox' for lonely or isolated patients and carers.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- One health coach acted as a Dementia Champion.
- Patients who failed to attend mental health and dementia appointments were proactively followed up by a phone call from a GP.

## Timely access to care and treatment

Patients had access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. However, we noted a lack of practice nurse appointments during the inspection week due to sickness and annual leave.
- Patients with the most urgent needs had their care and treatment prioritised.
- The Ilchester Surgery had recently become a nurse-led site meaning patients local to the surgery were required to travel to the other site. Patient feedback on the changes was limited.
- In conjunction with other Symphony Health Services and the wider South Somerset GP Federation extended access appointments in the evenings and at weekends were available.
- The practices GP patient survey results (July 2018) were below local and national averages for questions relating to access to care and treatment. These results relate to

Buttercross Health Centre and do not include the survey for The Ilchester Surgery which was until July 2018 a separate location under Symphony Health Services. Recently the practice had installed a new telephone system and commenced a central prescription management hub to improve access to services.

## Listening and learning from concerns and complaints

The practice told us they took complaints and concerns seriously. We found not all complaints were responded to appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff told us they treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, Symphony Health Services process for complaint management meant that any complaint where people did not wish to take further action resulted in limited investigation and analysis by the practice. These were recorded as concerns. We saw limited evidence the practice learnt from these concerns and made improvements to services.
- The practice told us they learnt lessons from individual concerns and complaints and from analysis of trends to improve the quality of care. We found limited documentation to illustrate complaints were widely discussed and lessons learnt.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

**This was because:**

**We found gaps in oversight that needed to be strengthened at the branch surgery such as fire safety and safe storage of medicines. Areas across both locations included infection, prevention and control measures and completion of the provider's mandatory training by staff.**

## Leadership capacity and capability

The leadership team had changed since Symphony Health Services (SHS) took over the running of the practice in April 2016. Changes meant that senior leaders from the previous partnership and management team were no longer at the practice. All staff were now salaried and the registered manager was based at another SHS practice. There was a new practice manager with experience of managing change and two experienced salaried GPs. SHS told us they were in the process of establishing and providing administration and governance support including HR, maintenance, finance and quality assurance processes. At the time of this inspection some aspects were being assessed and in the process of being addressed others were established such as finance administration.

At practice level, leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- One GP was director of primary care at a local secondary care hospital demonstrating the ability to influence and improve patient services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities set out by the provider.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population. However, previous shortfalls in appropriate skilled clinicians meant they had had difficulty meeting those aims.
- The provider monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Although we saw gaps in clinical supervision with no formal process in place for clinicians. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Not all staff had completed Symphony Health Services mandatory equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements



# Are services well-led?

Most arrangements were in the process of being embedded to ensure clear responsibilities, roles and systems of accountability to support good governance and management both at practice and provider level. The provider had implemented new areas of governance and assessment of the quality of the services provided such as oversight and support although it was too early to show that this was effective.

- Structures, processes and systems to support good governance and management were clearly set out. The provider had established a portfolio of new and updated policies, procedures and activities to ensure safety. However, we were not assured that these were operating as intended in respect of infection prevention and control measures and fire safety (particularly at the branch surgery) and clinical reviews for patients with long term conditions or those experiencing poor mental health.
- In other aspects such as completed information and gaps in oversight regarding staff immunisations, medicines safety, calibration of equipment and the provider's mandatory training programme, these were still being formalised.
- The governance and management of joint working arrangements across the provider organisation and with the local area shared services such as the complex care team promoted co-ordinated person-centred care.
- Staff we spoke to were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Levels of clinical staffing were not fully established and patients with long term conditions, mental health and dementia were not being provided with regular annual reviews in a timely way.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, we saw actions from fire safety reports and infection control audits were not fully completed and action plans excluded timeframes.

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. However, there was limited documentation on action taken during an investigation and how lessons were learnt.
- Evidence of clinical audit was limited. There was no clear evidence of action to change practice to improve quality. For example, the practice had no overarching audit programme and we saw limited full and repeat cycle audits.
- Health coaches and other practice staff met regularly in "huddles" to discuss the patients they are most concerned about, agree what actions are needed and who will do what.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments. They had recently reduced the opening hours for the branch surgery and changed to a nurse-led focus. This meant patients had access to GPs at the main surgery. A risk assessment regarding the management of medical emergencies at the branch surgery was not in place.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.



# Are services well-led?

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group which had a regular space in local newsletters.
- The provider had undertaken public consultations with regards to changes prior to the merger of the two practices.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The provider actioned patient feedback to develop systems to improve the outcomes for

patients. For example, a medicines hub with appropriately trained staff to monitor and process repeat prescriptions so that patient's requests were dealt with in a timely way and support given when needed; and a workflow optimisation administrative team to reduce time clinicians spend on administrative tasks and improve patient access to clinicians.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. It was unclear how learning was shared within the wider provider services to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was involved in the NIHR Clinical Research Network Primary Care group to support the practice to develop a research culture and carry out high quality research to improve patient care and treatment.

**Please refer to the evidence tables for further information.**

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The provider must have safe systems in place for fire safety, checks for safe equipment including calibration and infection prevention and control.</p> <p>The provider must have the necessary information available regarding staffs' immunisation status in line with Public Health England(PHE) guidance.</p> <p>The provider must monitor and address the gaps in clinical staff available required to maintain meeting the patient's needs including patients with long term conditions, mental health and dementia.</p> <p>There was no proper and safe management of medicines. In particular:</p> <p>The provider must continue with assessing and putting actions in place to ensure medicines are stored safely.</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>The registered person had systems or processes in place that operated ineffectively particularly in regard to good governance. In particular:</p> <p>Establish effective systems and processes to ensure good governance.</p> <p>Ensure that patients receive an adequate review of their care and treatment needs on a regular basis.</p>