

# Preston Grove Medical Centre - Yeovil

## 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

|  |   |
|--|---|
| <b>Overall rating for this service</b>     | <b>Good</b>                  |
| Are services safe?                         | <b>Requires improvement</b>  |
| Are services effective?                    | <b>Good</b>                  |
| Are services caring?                       | <b>Good</b>                  |
| Are services responsive to people's needs? | <b>Good</b>                  |
| Are services well-led?                     | <b>Good</b>                  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Preston Grove Medical Centre on 3 November 2016. There are areas of safety which require improvement, however, overall the practice is rated as good.

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

- The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS), rather than the Quality and Outcomes Framework (QOF), to monitor practice performance and outcomes for patients.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Although risks to patients were assessed, the systems to address these risks were not fully implemented in order to ensure patients were kept safe. For example, we found gaps in the arrangements for medicines management; infection prevention and control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained in order to provide them with the skills, knowledge and experience to deliver care and treatment.
- Generally records for the effective running and delivery of the service were in place, however, there were gaps in staff training records for example in respect of safeguarding and infection prevention and control.
- Patients said they were treated with compassion, dignity and respect and told us they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However, patient feedback from the GP Patient Survey indicated it was not always easy to get through to the practice by telephone to make appointments.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. We saw evidence of an active and supportive patient group.
- The provider was aware of and complied with the requirements of the duty of candour.
- We saw evidence of patient centred care for patients with diabetes provided via 'virtual clinics' involving a specialist diabetes nurse and hospital consultant.
- We saw effective arrangements in place to provide acute clinical care to patients that included a team of two nurse practitioners supported by a duty doctor each day.
- We saw innovative approaches to providing integrated patient-centred care. For example, a team of health coaches was in place, each working with designated GPs; and there was evidence of benefits to patients and a reduction in the level of demand for GP appointments.

The areas where the provider must make improvement are:

- Ensure the proper and safe management of medicines, including the required arrangements for temperature control of vaccine storage.

- Ensure arrangements are in place to assess the risk of prevention, detection and control of the spread of infections
- Ensure effective record keeping in relation to persons employed, including records of staff training and development relevant to their duties; and the management of regulated activities.

The areas where the provider should make improvement are:

- Review the arrangements for telephone access to ensure patients can contact the practice easily. For example, 58% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- Review the arrangements to identify and support all patients who are carers.
- Review the arrangements to improve outcomes for patients with diabetes. We saw evidence of patient centred care for these patients provided via 'virtual clinics', however, overall Quality and Outcomes Framework (QOF) achievement for patients with diabetes was 57%, which was 22% below the clinical commissioning group (CCG) average.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events. We saw examples, including prompt and thorough analysis and action in relation to medicines management concerns. However, we found gaps in the arrangements for medicines management (temperature control of vaccine storage).
- 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 in place to keep patients safe and safeguarded from abuse.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, infection prevention and control; and records of staff training.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS), showed most patient outcomes were in line with the national average.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways. For example, we saw well established and effective multi-disciplinary team working; and plans for further development via the Somerset Symphony scheme.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found the records of staff training were incomplete.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice offered in house specialist services such as dermatology, mental health and diabetes.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, we saw evidence of patient centred care for patients with diabetes that involved support from a specialist diabetes nurse and hospital consultant.
- End of life care was delivered in a coordinated way.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with or below other practices for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, GPs provided continuity of care through personal lists, supported by designated Health Coaches and we saw examples of effective working.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. For example, the practice was working in an integrated way with the local health community; and participating in new developments such as the Somerset Symphony scheme.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with dementia.

Good



# Summary of findings

- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, patient feedback indicated that some difficulty was found in getting through by telephone to make appointments.
- There were innovative approaches to providing integrated patient-centred care. We saw a team of health coaches was in place, each working with designated GPs and saw evidence that this was reducing the level of demand for GP appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, improvements to information to patients, signage and the telephone system.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- 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 and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we found some gaps in the management oversight of the implementation of arrangements for medicines management; infection prevention and control; and staff training records.
- Clinical leadership and governance arrangements were in place and took account of current models of best practice. These included rotation of chair role amongst GP partners, weekly partner meetings, monthly educational meetings and quarterly full practice meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt supported and empowered to make suggestions and recommendations for the practice.
- There was evidence of continuous learning and improvement at all levels; and time for staff training was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older people who may be approaching the end of life and used the gold standard framework to coordinate care. It involved older people in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice contributed to joint work with other local GP practices and local nursing and residential homes to co-ordinate and improve patient care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. We saw examples of older patients being supported with health and social care issues, including evidence of a reduction in demand for GP appointments from these patients.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- We saw evidence of patient centred care for patients with diabetes provided via 'virtual clinics' involving a specialist diabetes nurse and hospital consultant.

Good



# Summary of findings

- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle. For example, patients could access support from health coaches.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice provided support for premature babies and their families following discharge from hospital. For example, patients were able to access support from health coaches.
- The practice's uptake for the cervical screening programme was above local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way, using the gold standard framework, 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Quality Outcomes Framework data for 2014/15 indicated variable performance compared to clinical commissioning group (CCG) and national averages. For example, 30% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG average of 53%; however, 76% of patients diagnosed with a mental health condition had a comprehensive, agreed care plan documented in the last 12 months, which is above the CCG average of 60%. Data for 2015/16, published after the

Good



# Summary of findings

inspection, indicated some improvement to 37% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the CCG average of 47%.

- However, evidence from the local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS), showed evidence of positive outcomes for patients experiencing poor mental health. For example, health coaches had supported patients with anxiety, agoraphobia and depression to achieve a better quality of life.
- The practice specifically considered the physical health needs of people with poor mental health. For example, we saw evidence of patients experiencing poor mental health benefiting from support to lose weight.
- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. 224 survey forms were distributed and 112 were returned. This represented approximately 1% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eleven comment cards which were all positive about the standard of clinical care received. Patients told us they were treated with dignity and respect; and staff were friendly, helpful and provided clear advice. We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Data from the Friends and Families Test for October 2016 indicated 91% of patients would recommend the practice to others and no patients gave feedback that they would not do so. We saw examples of letters of thanks received from patients.

# Preston Grove Medical Centre - Yeovil

## 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, a practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Preston Grove Medical Centre - Yeovil

Preston Grove Medical Centre is located in the town of Yeovil. The practice serves a local population of approximately 12,500 patients from the town and the surrounding area. The report relates to the Regulated Activities carried out at:

Preston Grove Medical Centre

Preston Grove

Yeovil

Somerset

BA20 2BQ

There is parking on site including spaces for patients with a disability. The practice has a number of rooms which it makes available to other services; such as Somerset Drugs and Alcohol service; and weekly sessions provided by Health Connections Mendip.

The practice has eight GPs, seven of whom are partners. Between them they provide forty nine GP sessions each

week and are equivalent to 5.8 whole time employees (WTE). Four GPs are female and four are male. There are ten practice nurses, whose working hours are equivalent to 5.25 WTE, including five non-medical prescribers who offer nineteen sessions per week.

Three health care assistants (known as health technicians) are also employed by the practice with combined hours of 1.7 WTE. The GPs and nurses are supported by twenty three management and administrative staff including business, performance and office managers and department managers and team leaders for clinical systems, reception and administration.

The practice's patient population is expanding and has slightly fewer patients between the age of 25 and 39 years than the national average. Approximately 21% of the patients are over the age of 65 years compared to a national average of 17%; and 3.1% of patients are over the age of 85 years, compared with a national average of 2.3%. The practice supports patients in eighteen nursing and residential homes. Approximately 47% of patients have a long standing health condition compared to a national average of 54%.

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

# Detailed findings

Average male and female life expectancy for the area is the same as the national average of 79 and 83 years respectively and one year less than the Clinical Commissioning Group average.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available from 8:30am and the practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. Extended hours appointments are offered on Tuesdays, Wednesdays and Thursdays from 6.30pm until 7pm and on Saturdays from 8.30am until 11.30am. The practice also offers telephone consultations. GP appointment sessions are typically 8.30am until 11.30am and 3pm until 6pm. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching practice and two registrar GPs placed with them at the time of our inspection. The practice also hosts placements for medical students. Three of the GPs are GP trainers.

The practice has opted out of providing out-of-hours services to their own patients and patients are directed to the NHS 111 Service and then Vocare as the out of hours provider outside of normal practice hours.

## 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 3 November 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, managers, health coaches and administrators) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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
- people experiencing poor mental health (including people with dementia).

# Detailed findings

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 saw evidence 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was evidence of prompt and thorough analysis and action in relation to medicines management concerns.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs and nurses were trained to child safeguarding level 3. However, we found gaps in the

records of training on safeguarding children and vulnerable adults for eleven new staff in health coach or administrative roles. There was no record of training for either safeguarding children or vulnerable adults and the induction checklist did not show that safeguarding or the Mental Capacity Act had been included.

- 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who had undertaken training and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and an annual infection control audit was undertaken on 15 February 2016. We saw that the audit had not identified some issues that we found on our inspection. For example the audit stated that infection control was included in mandatory training for all staff, staff induction training and the education programme. Staff told us they had received update training in infection prevention and control, however, there was no record of this in the log of training events ; and it was not included in the induction checklist for new staff.
- We also found the audit had not identified that the required purple topped sharps bins for cytostatic medicinally-contaminated waste (for example needles used to inject hormone containing medicines such as contraceptive implants and testosterone) were not used. We saw the practice policy stated that purple topped sharps bins would be used for cycotoxic medicine waste but not cycostatic medicines waste which is contrary to information from The Safe Management of Healthcare Waste Memorandum (HTM 07-01) issued by the Department of Health.
- The infection control audit had not identified that specialist equipment was not adequately cleaned. For example, the schedule for cleaning of equipment for ear syringing was stated as twice weekly when not in use. There was no evidence that it was cleaned before or

## Are services safe?

between patients when in use. We saw the spirometer (equipment used to test patients' respiratory function) was listed for weekly calibration but not regular cleaning.

- We found that action had not been taken to address all improvements identified as required as a result of the audit. For example, there was no timescale to complete the action to ensure all hand wash basins had sensor or elbow operated taps. The action stated that most rooms now had elbow taps and others would be changed when sinks were replaced. We spoke to the practice manager who, within 48 hours of the inspection, provided an updated copy of the audit including timescales for completing actions.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal), with the exception of maintaining the safety of vaccines at the practice. The audit of infection prevention and control dated 15 February 2016 stated that recorded fridge temperatures were within the acceptable range. However, we found temperatures for vaccine storage had been recorded as being outside the manufacturers' acceptable range (2°C – 8°C). For example, over the three days 14 to 16 June 2016 the data logger recorded temperatures below 2°C for five periods, each ranging in duration from two to seven hours. There was no evidence that such risks had been brought to the attention of senior managers or that any action had been taken. We spoke to the practice manager who, within 48 hours of the inspection, provided evidence of a thorough, prompt investigation and action to address the immediate concerns and to prevent future re-occurrence.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 in place to monitor their use. Four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment 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

Since April 2015 the practice has 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 SPQS allows GP practices to innovate new ways of integrated working with other providers and pilot new ways of working together across practice groups, whilst continuing to provide assurance of clinical quality. This means that some QOF data does not accurately reflect practice performance. The two SPQS work streams are integration and sustainability; and monitoring provides more qualitative information than quantitative data.

The practice used the information collected for the SPQS and QOF performance data for some national screening programmes to monitor outcomes for patients.

Published QOF achievement data for 2014/15 was 70% of the total number of points available compared with the national average of 95%. The QOF clinical exception rate for 2014/15 was 4% which was below the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice appeared to be an outlier for some QOF clinical targets, however, we saw evidence of benefits to patients from the work undertaken under the SPQS. QOF data from 2015/16 showed:

- Performance for diabetes related indicators appeared to be worse than the local average. For example, overall QOF achievement for patients with diabetes was 57%, which was 22% below the clinical commissioning group (CCG) average. However, we saw evidence of patient centred care for patients with diabetes provided via 'virtual clinics' involving a specialist diabetes nurse and hospital consultant.
- Performance for mental health related indicators appeared to be worse than the CCG average. For example, overall QOF achievement for patients with mental health conditions was 59%, which was 12% below the CCG average. However, we saw evidence of patient centred care for these patients, including support from the team of health coaches. We saw examples of patients with mental health conditions requiring fewer GP consultations, avoiding the need for medication; and feeling less anxious and more supported through interventions by health coaches.

There was evidence of quality improvement including clinical audit:

- We saw evidence of four clinical audits that had been carried out in the last two years. Two of these of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw examples of improvements to the quality of clinical consultations as a result of audits carried out in 2010, 2012 and 2016.

Information about patients' outcomes was used to make improvements such as quarterly reviews of patients with chronic kidney disease that ensured all patients were coded appropriately with the correct stage of the condition and any new patients were added to the register. This was supported by audit to ensure patients were on appropriate medicines; were monitored through regular blood tests; and their care was planned to meet their individual needs.

### Effective staffing

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

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding children, fire safety, health and safety and confidentiality. However, we found the programme did not record the training undertaken in respect of infection prevention and

# Are services effective?

(for example, treatment is effective)

control, Mental Capacity training or safeguarding adults. We spoke to the practice manager who, within 48 hours of the inspection provided a copy of a revised induction checklist that included infection prevention and control, safeguarding children and adults; and mental capacity act as mandatory training.

The records of staff training did not demonstrate that all staff had received appropriate training for their role. For example:

- All except one of the staff listed on the training records had no record of training for infection prevention and control. We spoke with the practice manager who confirmed that the infection control lead had previously provided updates to nursing staff but this was not noted in the training record; and planned to provide refresher training to all staff in November 2016.
- None of the staff had any record of training in safeguarding adults; and two clinical staff had no record of training on the Mental Capacity Act 2005. Eleven staff had joined the practice since Feb 2014 and had no record of any safeguarding training. We spoke to the practice manager who confirmed that the records were incomplete; that the child protection training in 2014 also covered adult safeguarding; and the lead GP for safeguarding had given an update to all staff in April 2016. This had included the Mental Capacity Act 2005 but was not noted in the training record. An example of a form was provided showing it was used for best interest decisions where patients lacked capacity to give consent for treatment.
- The practice could demonstrate some records of role-specific training for relevant staff. For example, we saw evidence that those staff reviewing patients with long-term conditions were qualified in diabetes and asthma care. However, the training records did not provide evidence of relevant update training.
- 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. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

## 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 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

## 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. However, we found that not all staff had a record of training in safeguarding or the Mental capacity Act 2005.

# Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. The team of health coaches had supported 179 patients with a wide range of health a social care issues. We saw examples of support for patients experiencing depression, anxiety, isolation and limited mobility; and improvements achieved through encouragement and signposting to talking therapy, walking and weight loss groups. Initial data analysed by the practice indicated patients supported by health coaches had an average of 2.3 GP appointments in the month before health coach support started. This reduced to an average of 1.1 GP appointments in the next four weeks; and to an average of 0.7 in the subsequent four weeks.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme in 2014/15 was 75%, which was in line with the clinical commissioning group (CCG) average of 76% and the national average of 74%. Data for 2014/15 indicated the practice was not an outlier for performance in screening for breast and bowel cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates in 2014/15 for the vaccinations given to under two year olds ranged from 69% to 99%, compared with CCG averages ranging from 72% to 97% and national averages ranging from 73% to 95%. For under five year olds immunisation rates ranged from 65% to 99%, compared with CCG averages ranging from 70% to 98% and national averages ranging from 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks 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

We observed 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.
- Same sex clinicians were offered where appropriate.

All the eleven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice staff, including health coaches, offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with ten patients including 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.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared with the CCG average of 90% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 85%.
- 87% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, we spoke to staff at the adjacent pharmacy who gave positive feedback about the practice such as open and timely communication and efficient management of medicines, including for patients residing in nursing homes.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

## Are services caring?

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

- Staff told us that translation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

### **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.

A team of health coaches, employed through the Somerset Symphony scheme, was in place at the practice, each working with designated GPs. We saw examples of benefits to patients and carers, with support provided to help them cope emotionally, including addressing issues such as anxiety and isolation.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 118 patients as carers (1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them, including access to health coaches. For example, we saw an information pack was available and could be individualised for patients with dementia and their carers; and arrangements for support to military veterans. For example, the practice worked with other local practices and support agencies to run events twice each year at a local garden centre

Elderly carers were offered timely and appropriate support, for example, through flexible access to appointments.

Staff told us that if families had suffered 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:

- The practice offered a 'Commuter's Clinic' on Tuesday, Wednesday and Thursday evenings; and fortnightly on Saturday mornings for patients who could not attend during normal opening hours.
- 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 and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The GPs operated personalised lists of patients to maximise continuity of care. A classification tool was used to identify the most appropriate care or support; and patients were offered holistic support for both health and social issues through clinicians and dedicated health coaches.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice had used the NHS England Accessible Information Standard to improve the pack for new patients by asking about any barriers to and preferred methods for communication. These were then flagged on patient records.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and from 3pm to 6pm daily, including telephone consultations. Extended hours appointments were offered on Tuesdays, Wednesdays and Thursdays from 6.30pm until 7pm; and fortnightly on Saturdays from 8.30am until 11.30am. GP appointments were usually 10 minutes each in length and could be varied to meet the needs of patients. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice offered online booking facilities for non-urgent appointments and an online repeat prescription service.

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

- 69% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.
- 58% of patients said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 73%.
- 53% of patients felt they normally had to wait too long to be seen compared with a CCG average of 29% and a national average of 35%.
- 68% of patients described their experience of making an appointment as good, compared with the CCG average of 79% and the national average of 73%.

We spoke to the practice about access and we were told staff rotas had been adjusted to increase the number of staff answering the phone at peak times; the phone system had been upgraded; and the practice was working with the patient group to publicise on line access for booking appointments to reduce the volume of phone calls.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

# Are services responsive to people's needs?

(for example, to feedback?)

made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The team of health coaches were able to visit patients at home where this was appropriate.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, we saw posters displayed and summary leaflet available in the waiting area.

We looked at examples of sixteen complaints received in the last 12 months and found these had been satisfactorily handled, in a timely way, and with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we saw a complaint regarding incorrect advice given in referring a patient back to a dentist. We saw that an explanation and apology had been given; an appropriate GP appointment offered; and lessons learned were discussed with staff.

# 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 and vision statement which was displayed in the waiting areas and staff knew and understood the values. The practice had aims to provide patients with comprehensive healthcare services of the highest quality, within available resources; and to provide excellence in patient care for each individual and family; with each patient given care that recognises the individual.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place 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.
- Practice specific policies were in place and were available to all staff. These were updated and reviewed regularly. However, we found systemic weaknesses in the implementation of governance systems such as ineffective monitoring of procedures for temperature control of vaccines; infection prevention and control; and incomplete staff training records.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found gaps in the implementation of these arrangements. For example, the cold chain

audit dated 12 July 2016 had not revealed temperatures for vaccine storage had been recorded outside the acceptable range (2°C – 8°C); and there was no evidence that such risks had been brought to the attention of senior managers or that any action had been taken.

- The infection prevention and control audit dated 15 February 2016 had not revealed that up to date training records in infection control; and appropriate sharps disposal bins for cytostatic medicinally-contaminated waste were not in place.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice told us they had the experience, capacity 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 partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). We saw evidence of the expression of duty of candour in response to the concerns raised regarding temperature control of vaccine storage. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place 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 regular team meetings.

# Are services well-led?

Good 

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

- 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. We noted team away days were held annually. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of concerns regarding telephone access, the practice had adjusted staff rotas to increase the number of staff answering the phone at peak times; the phone system had been upgraded; and the practice was working with the patient group to publicise on line access for booking appointments to reduce the volume of phone calls.

- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, we received thirteen feedback questionnaires from staff, all of which were positive about their experience of working at the practice. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw evidence that the practice was working in an integrated way with the wider health community and participating in local schemes and developments to achieve improvement. The practice participated in the Somerset Symphony scheme, part of the national NHS England Vanguard developments, to review and improve health and social care in the local area. For example, this covered a number of work streams including enhanced primary care which established close working between primary and secondary care provided by a local hospital; and integrated care for patients with complex health conditions. The team of health coaches proactively supported patients and we saw evidence of benefits to patients' health and social welfare as a result. The practice management team were contributing to these and other developments including Somerset Together that aimed to develop outcome based commissioning.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to:</p> <ul style="list-style-type: none"><li>• ensure the proper and safe management of medicines including arrangements for temperature control of vaccine storage; and</li><li>• assess the risk of and prevent, detect and control the spread of infections.</li></ul> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not ensure systems were in place to assess, monitor and improve the quality and safety of the service, including systems for:</p> <ul style="list-style-type: none"><li>• effective record keeping in relation to persons employed, including records of staff training and development; and the management of regulated activities</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |