

Drs Harris, Hughes, Pearce, Trenholm and Tresidder

Inspection report

Springmead Surgery
Summerfields Road
Chard
Somerset
TA20 2EW
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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

We carried out an announced comprehensive at Drs Harris, Hughes, Pearce, Trenholm and Tressider on 11 December 2018 as part of our inspection programme.

This practice is rated as requires improvement overall. (Previous rating November 2014 – Good).

The key questions at this inspection 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

The area of effective impacted upon the population groups of long term conditions and people experiencing poor mental health (including people with dementia) and was rated **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**.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe, this included aspects of management of health and safety, fire safety and prescription paper security.

We rated the practice as **requires improvement** for providing effective services because:

- The practice did not have good oversight to ensure patients with some long-term conditions and those experiencing poor mental health (including people with dementia) needs were met.
- There were gaps in clinical supervision and appraisal of staff.

We rated the practice as **requires improvement** for providing well led services because:

- There were gaps in information to show that there were adequate governance systems to support that it is a safe and well led service. This included records for recruitment, employment and supervision of staff, maintenance and administration of the service.

- The provider had not made the CQC aware of changes to its registration status or made appropriate applications to amend its registration with CQC in a timely way.

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

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

At this inspection we found:

- The practice had systems to respond to risks or concerns such those raised as significant events or complaints so that concerns were less likely to reoccur. When significant events and complaints were raised, the practice learned from them and improved their processes.
- The practice had some systems that reviewed the effectiveness and appropriateness of the care it provided. Staff ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients had mixed experiences about the telephone and appointment system some found it easy to use and reported that they could access care when they needed it others didn't.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- The provider must continue to review the safe storage and handling of prescription stationery.
- The provider must continue with implementing an effective programme to ensure that patients with mental health needs and dementia have the necessary reviews and care plans in place to meet those needs.
- The provider must continue with developing good governance systems including record keeping, to support that it is a safe and well led service. This included records for recruitment, employment and supervision of staff, maintenance and administration of the service.

Overall summary

- The provider must continue with the development of the overarching health and safety management including fire safety.
- The provider should ensure that the CQC is informed and changes made to its registration.

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

- The provider should continue with appropriate safeguarding training in line with current guidance for administrators who handled safeguarding information at the practice.
- The provider should continue with developing a central oversight of staff's immunisation status to ensure that staff and patients were protected from the spread of infection.

- The provider should review emergency medicines for insertion of contraceptive devices, in line with national guidance.
- The practice should continue to proactively identify carers.
- The provider should continue to monitor cervical smear screening to meet Public Health England screening rates.
- The provider should introduce a planned programme clinical audit.

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

Please refer to the detailed report and the evidence tables for further information

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Drs Harris, Hughes, Pearce, Trenholm and Tresidder

The partnership of Drs Harris, Hughes, Pearce, Trenholm and Tresidder is the registered provider of Springmead Surgery. Springmead Surgery is provided from one address, Summerfield Road, Chard, Somerset, TA20 2EW and delivers a general medical service to approximately 6,031 patients. The practice is situated in a purpose-built building in a residential area, with good parking. Information about Springmead Surgery can be found on the practice website www.springmeadsurgery.co.uk.

According to information from Public Health England the practice area population is in the sixth most deprived decile in England. The practice population of children is similar to local and national averages at 17%. The practice population of working age at 59% is similar local and national averages at 62%. The practice population of patients living with a long-term condition was above the local and national averages at 67%, the local being 57% and national being 54%. Of patients registered with the practice, 98% are White or White British, 0.6% are Asian or Asian British, 0.2% are Black or Black British, and 0.8% are mixed race and Other 0.1%.

The provider has told us the practice team is made up of two partners and three salaried GPs. Overall the practice has the equivalent of 3 WTE (whole time equivalent) GPs at the practice. There are four practice nurses equivalent to 1.7 WTE and two health care assistants and one health care assistant apprentice. The practice has recently employed an operations manager to replace the practice manager who left during the summer of 2018. The organisation has a team of administrators, secretaries, and reception staff.

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.

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>Ensure care and treatment is provided in a safe way to patients. With particular reference to:</p> <ul style="list-style-type: none">• The provider must continue to ensure that safe care and treatment is provided to patients with mental health needs and dementia. And those patients have the necessary reviews and care plans in place to meet those needs.• The provider must continue to review the safe storage and handling of prescription stationery
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>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. With particular reference to:</p> <ul style="list-style-type: none">• The provider must continue with developing good governance systems including record keeping, to support that it is a safe and well led service. This included records for recruitment, employment and supervision of staff, maintenance and administration of the service.• The provider must continue with the development of the overarching health and safety management including fire safety.• The provider should ensure that the CQC is informed and changes made to its registration.