

NHS Yeovil Health Centre

Quality Report

37 Middle Street
Yeovil
Somerset
BA20 1LS
Tel: 01935 709269
Website: www.yeovilhealthcentre.nhs.uk

Date of inspection visit: 18 January 2017
Date of publication: 12/04/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to NHS Yeovil Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at NHS Yeovil Health Centre on 18 January 2017. There were 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. Quality and Outcomes Framework data for 2015/16 showed patient outcomes were at or above average compared to the national average.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined systems to minimise risks to patient safety. However, the arrangements for medicines management, including the system to

ensure the security of blank prescriptions was not effective. The practice provided evidence that secure arrangements had been implemented within 48 hours of the inspection.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure there is a safe system in place for medicines management, including the security of blank prescription stationery.

The areas where the provider should make improvement are:

- Review arrangements for breast and bowel cancer screening to ensure eligible patients are screened.

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 good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety. However, the arrangements medicines management, including the security of blank prescription stationery were not implemented effectively to keep patients safe.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework for 2015/16 showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



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 higher than others for several aspects of care.

Good



Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, 35% of patients do not speak English as a first language and the practice had identified the ten most common languages. We saw that arrangements were in place for longer appointments in order to allow extra time for translation.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from eighteen complaints reviewed by us showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In three examples of responses to complaints we reviewed we saw evidence the practice complied with these requirements.
- The managers encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas. For example, nursing staff were supported with paid study leave; this was in addition to mandatory training.
- 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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients 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, we saw that information could be shared between the practice and the local hospital.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example a team of health coaches provided advice and support on health and social care issues.
- We saw evidence of the development of single, computer based, goal centred care plans for patients that could be shared with other health and social care providers.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to or higher than Clinical Commissioning Group (CCG) and national averages. For example, 96% of patients with diabetes had a foot examination in the last 12 months, compared with the CCG average of 81% and the national average of 89%.

Summary of findings

- 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.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital. A care co-ordinator ensured support was offered and this could be provided through a team of health coaches.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- 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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

Good



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

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).

Good



- The practice carried out advance care planning for patients living with dementia.
- 71% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than clinical commissioning group (CCG) average of 47% and comparable to the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. For example, the practice monitored prescribing through weekly support from a CCG pharmacist, a prescription clerk; and the use of the Eclipse Live computer system.
- Performance for mental health related indicators was similar to the CCG and national average. For example, 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had an agreed, comprehensive care plan documented in their record in the last 12 months, compared with the CCG average of 53% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 better than local and national averages. 365 survey forms were distributed and 102 were returned. This represented 1.9% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 83% 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 fifteen comment cards which were all positive about the standard of care received. Patients were very satisfied with the efficient service and thought staff were polite, friendly, supportive and attentive.

Patients said they were seen promptly, listened to, treated with care and respect; and given reassuring advice. Two patients queried the processes in place, however, we saw that appropriate procedures had been followed.

We spoke with three patients, who were members of the patient participation group (PPG), during the inspection. All three said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had collated and analysed patient feedback from the friends and families test. In the previous three months 88% of patients would recommend the practice to others; and 8% would not. The practice had also reviewed feedback from twenty five patients received through the iWantGreatCare website. In the previous three months patients gave the practice an average score of 4.5 out of 5; and we saw evidence of investigation, learning and improvement where two low scores had been received.

NHS Yeovil Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a practice nurse specialist adviser.

Background to NHS Yeovil Health Centre

NHS Yeovil Health Centre is located in the centre of Yeovil. The practice has recently been taken over by Symphony Healthcare Services Ltd (SHS) which is one of the NHS England Vanguard schemes, known as South Somerset Symphony programme. The practice also participates in the Somerset Practice Quality Scheme (SPQS) (along with most other Somerset practices that have opted out of the QOF); and the South Somerset Healthcare Federation (SSHF).

The practice serves some 5,500 patients, including significant numbers of patients who do not have English as a first language; and significant numbers of patients who present with issues relating to misuse of drugs or alcohol; or who face other social challenges.

The practice occupies premises above a retail pharmacy and there is no dedicated parking on site.

The address is:

NHS Yeovil Health Centre
37 Middle Street
Yeovil
Somerset

BA20 1LS

Patient Age Distribution (2015 data):

0 - 4 years old: 9.2% (higher than the national average of 5.9%)

5 - 14 years old: 9.7% (lower than the national average of 11.1%)

15-19 years old: similar to the national average

20-39 years old significantly higher than the national average

40-64 years old: lower than the national average

Over 65 years old: 4.6% (significantly lower than the national average of 17.1%)

Over 75 years old: 1.8% (significantly lower than the national average of 7.8%)

Over 85 years old 0.5% (significantly lower than the national average of 2.3%)

The practice has 45% (2014/15 data) of patients with a long standing health condition, which is lower than the Clinical Commissioning Group (CCG) average of 57% and national average of 54%.

Other Population Demographics

The percentage of patients in paid work or full time education:

67% (higher than the national average of 62%)

Index of Multiple Deprivation 2015 (IMD):

27 (higher than the national average of 21.8)

Income Deprivation Affecting Children (IDACI):

21.5% (higher than the national average of 19.9%)

Income Deprivation Affecting Older People (IDAOPI):

Detailed findings

16.8% (similar to the national average 16.2%)

Average male and female life expectancy for the area is 78 and 82 years respectively, which are both one year less than the national averages and two years less than the Clinical Commissioning Group averages.

The practice has 5 salaried GPs, none of whom are partners (all employed by SHS); and are equivalent to 3.5 whole time employees. Between them they provide 108 hours of GP appointments each week. Four GPs are female and one is male.

There are fourteen practice nurses, whose working hours are equivalent to 5.75 whole time employees (WTE); including eight non-medical prescribers who offer the equivalent of 3.85 WTE per week. Nine Care Co-ordinators & Phlebotomists are also employed by the practice with combined hours of 3.1 WTE. The GPs and nurses are supported by over 20 management and administrative staff including a practice manager and assistant manager.

The practice is open seven days a week between 8am and 8pm, including Christmas Day and all other Bank Holidays. Appointments are available from 8am until 8pm. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day.

The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a Walk in Centre contract with the Clinical Commissioning Group; along with an Alternative Provider Medical Services (APMS) contract with NHS England 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. Influenza and pneumococcal immunisations enhanced services are 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 provides out-of-hours services to their own patients who are offered bookable appointments with GPs 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 18 January 2017. During our visit we:

- Spoke with a range of staff (including GPs, nurse practitioners, practice nurses, health coaches and care co-ordinators, along with management and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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?

Detailed findings

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 living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. This was shared with and monitored by the provider's management team; and we saw evidence of a strong culture of reporting incidents and sharing learning. 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).
- From the sample of twenty five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence of learning shared regarding a significant incident relating to a walk-in patient that had been discussed at an educational event for staff.
- The practice also monitored trends in significant events and evaluated any action taken. We saw new systems had been introduced by the provider, Symphony Healthcare Services, including monthly incident reporting, monitoring, review and completion of action.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of twenty two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. We saw that safeguarding children and vulnerable adults was discussed at monthly clinical meetings.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three; as were some nurse practitioners and practice nurses, one of whom was the safeguarding lead. Other nursing staff trained to level two.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular

Are services safe?

medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription stationery was not securely stored and there were no systems to monitor their use. We found there were no arrangement to log and monitor blank prescription forms received or issued to prescribers; and blank forms were not securely stored when clinical rooms were not in use. For example, blank forms were left in printers in clinical rooms when unoccupied but the doors and printer drawers were not lockable. We spoke to the practice who, within 48 hours of the inspection, provided evidence that a new procedure was in place to ensure the recording of serial numbers of all blank prescription forms for nurse practitioner prescribers and GPs; and there were arrangements in place for secure storage when rooms were not in use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

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

Monitoring risks to patients

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

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

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 all aspects of 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 2015/16 was 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 77% and the national average of 95%.

This practice was not an outlier for most QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 96% of

patients with diabetes had a record of a foot examination and risk classification within the last 12 months, compared with the CCG average of 81% and the national average of 89%.

- Performance for mental health related indicators was similar to the CCG and national average. For example, 71% of patients diagnosed with dementia had their care plan reviewed in the last 12 months, compared with the CCG average of 47% and the national average of 84%.

The overall QOF exception rate for 2015/16 was 13% which was above the national average of 6%. (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). We spoke to the practice who told us the exception reporting was not required to be monitored for SPQS; and the higher than average rate reflected the practice's unusual demographic profile. However, we saw arrangements in place to contact patients three times to encourage attendance at reviews and ensure that all recalls were coded on the computer system.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services and were shared with other practices in the Symphony Healthcare Services group. For example, recent action taken as a result included the introduction of an advisory card for patients at risk of acute kidney injury. This made patients aware of risks from some prescribed medicines if patients became dehydrated. It advised patients to stop taking certain medicines for up to 48 hours if they had been unwell with certain symptoms.

We saw evidence of the implementation of a Quality Monitoring Dashboard to identify areas for improvement and address these through Symphony Healthcare Services group support.

Information about patients' outcomes was used to make improvements such as annual audits of patients diagnosed with cancer to review timescales and share learning to avoid delays in referrals.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw detailed induction and training packs for roles including practice nurses and care co-ordinators and the practice was working with a local university to develop training standards for nurse practitioners.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For those reviewing patients with long-term conditions, for example, we saw evidence of qualifications and training in diabetes and asthma management. Nursing staff were supported with up to 37 hours (pro-rata for part time staff) paid study leave each year, in addition to mandatory training sessions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.

- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, we saw that records for people who presented as walk-in patients and were registered at other Somerset practices could be accessed electronically. The practice also had a system enabling the local hospital A&E department to directly book appointments for patients in the practice's walk-in clinic sessions, where appropriate.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a 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 which took into account the needs of different patients, 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.
- 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 and signposted them to relevant services. For example:

Are services effective?

(for example, treatment is effective)

- 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 could access support from a team of health coaches who provided advice and support on health and social welfare issues.
- 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 was 95% of eligible patients, which was above the clinical commissioning group (CCG) average of 80% and the national average of 81%. However, the practice achievement rate included exception reporting rate of 30% which was also above the CCG average of 4% and the national average of 7%. We spoke to the practice about this and they told us this related to patients who were reluctant to attend due to their cultural backgrounds, despite encouragement and reminders.

Data from 2015/16 indicated the practice was an outlier in terms of breast and bowel cancer screening. For example, 38% of eligible female patients had been screened for breast cancer in the last 36 months, compared with the CCG average of 75% and the national average of 72%; and 41% of eligible patients had been screened for bowel cancer in the last 30 months, compared with the CCG average of 62% and the national average of 58%. We spoke to the practice who told us this was partly due to low numbers of patients in the target age range, resulting in percentages appearing higher for some data; and also related to patients who were reluctant to attend due to their cultural backgrounds, despite encouragement and

reminders, including via translation services. We saw that the practice contacted patients by telephone, letter and email; care co-ordinators encouraged patients to attend; and health coaches offered advice and support.

Childhood immunisation rates for the vaccinations given were above Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds resulted in a score of 9.5 out of 10, compared with a national average score of 9.1. Childhood immunisation rates for the vaccinations given to under 5 year olds ranged from 91% to 99%, compared with the CCG averages that ranged from 93% to 97% and national averages that ranged from 88% to 94%.

There was a policy to offer telephone or written 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. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

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

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

All except one of the fourteen patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent, efficient service and staff were helpful, friendly and caring; and treated them with dignity and respect. One patient was disappointed regarding the need for a longer appointment.

We spoke with three 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 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:

- 91% 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%.
- 85% of patients said the GP gave them enough time compared with the CCG average of 90% and the national average of 87%.
- 97% 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%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 88% and the national average of 85%.
- 91% 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%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 91% 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%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

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. For example, staff had a good understanding of Gillick competence for children under 16 years old.

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:

- 87% 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%.

Are services caring?

- 78% 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%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 86% 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%.

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

- The practice was aware that approximately 35% of patients did not have English as a first language. Staff told us that interpretation services were available, longer appointments were offered and some leaflets were available in the most common foreign language, Polish. 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- A team of health coaches offered advice and support to help patients address a range of health and social welfare issues.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1.2% 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. All patients identified as carers were invited for an annual health review; and offered a flu vaccination and lifestyle advice relating to alcohol, smoking, exercise and diet. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, where specific carers' needs were identified, they were referred to Compass Carers for support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered a 'walk in' service, seven days a week, including all Bank Holidays, from 8am to 8pm.
- There were longer appointments available for patients with a learning disability and those requesting translation services.
- 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; and care co-ordinators encouraged patients to attend appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was located on the first floor and accessed by lift, escalator and stairs which it shared with the retail business through which patients entered the practice.
- The practice had 35% of patients who did not speak English as a first language and the practice had identified the ten most common languages. We saw arrangements in place for translation services; longer appointments to allow extra time for translation; and the practice leaflet had been translated into Polish language.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, a care co-ordinator visits patients at a local homeless shelter to provide advice and support.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8am and 8pm seven days a week, including Christmas Day and all other Bank Holidays. Appointments are available from 8am until 8pm. The practice operates a mixed appointments system with some appointments available to pre-book, up to six weeks in advance, and others available to book on the day.

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

- 97% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 82% 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%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 85%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 62% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

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

The practice had a system to assess:

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

Requests for home visits are reviewed, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The most

Are services responsive to people's needs?

(for example, to feedback?)

appropriate member of staff then visits the patient at home, such as a nurse practitioner, practice nurse, care co-ordinator or GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its 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, information on how to complain was available in the reception area and on the practice website.

We looked at records of eighteen complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw a complaint regarding the prescription process had been resolved for a patient, including implementation of a new process for reception and pharmacy teams to ensure better traceability and advice to patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was a clear charter statement setting out the vision for the provider, Symphony Healthcare Services, which included supporting the implementation of new models of care.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, within both the practice and the provider organisations. GPs and nurses had lead roles in key areas. For example, a practice nurse was the lead for safeguarding children and vulnerable adults.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- 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 appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For examples, we saw evidence of an integrated practice dashboard that detailed a number of targets and performance data.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the managers in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw that the support and governance systems recently introduced by the provider, Symphony Healthcare Services, were well embedded. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every twelve months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

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

- patients through the patient participation group (PPG) and through complaints and compliments received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, as a result of patient feedback, the self-check-in screen for patients had been relocated to a more convenient place in the reception area.
- the NHS Friends and Family test; and the iWantGreatCare and NHS Choices websites.
- staff through an annual staff survey, through staff away days and 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 saw that 96% of staff (in the 2016 survey) said they were happy working at the practice; and 84% said their views and concerns were listened to. 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.

The practice was fully engaged in the NHS England Vanguard developments, known as the South Somerset Symphony scheme; the South Somerset Healthcare Federation; and the Somerset Practice Quality Scheme (SPQS). For example, patients were benefiting from the Enhanced Primary Care (EPC); and the Complex Care Hub schemes. For example, we saw evidence of development of single, computer based, goal centred care plans for patients that could be shared with other health and social care providers to ensure holistic and co-ordinated care for patients with multiple co-morbidities and complex care needs.

A team of health coaches provided support to patients with less complex needs and helped them to manage their own long term conditions.

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 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>How the regulation was not being met:</p> <p>The provider did not ensure suitable arrangements were in place for the management of medicines to keep patients safe, including systems for ensuring the security of blank prescription stationery.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>