

# Crewkerne Health Centre

## Inspection report


Middle Path  
Crewkerne  
Somerset  
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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 inspection at Crewkerne Health Centre on 11 September 2019 as part of our inspection programme and in response to concerns identified at a previous inspection.

At the last inspection in September 2018 we rated the practice as requires improvement for providing safe, effective and well-led services because:

- There were not adequate systems in place to mitigate risk relating to fire, infection control and the storage of hazardous chemicals.
- There was insufficient information relating to the immunisation status of staff.
- Management of medicines did not mitigate risk.
- Patient records were not adequately and accurately maintained.
- Not all patients had received regular reviews of their care and treatment when needed.

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

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

**We have rated this practice as requires improvement overall.**

We rated the practice as **requires improvement** for providing safe, effective and well led services because:

- Information regarding medicine reviews was not consistent and did not ensure reviews were carried out in line with practice policy and relevant guidance.
- Processes to ensure patients received appropriate monitoring of high-risk medicines, were not always effective to ensure patients received safe and appropriate care and treatment.

- Processes to ensure patient group directions were signed and authorised in line with guidelines was not followed correctly.
- Oversight of staff training was not effective. The practice was unable to demonstrate that all relevant staff had received appropriate training in line with practice policy.
- The practice could not demonstrate how they were assured of the competencies of non-medical prescribers.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services because:

- Most patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Establish systems to review the care and treatment provided by locum clinicians to ensure best practice.
- Continue to improve uptake of cervical screening.

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

**Rosie Benneyworth**

**Chief Inspector of PMS and Integrated Care**

## Population group ratings

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

## Our inspection team

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

## Background to Crewkerne Health Centre

Symphony Health Services (SHS) is the registered provider of Crewkerne Health Centre and took over the practice in July 2017. They are registered with CQC to deliver the Regulated Activities; treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services, and family planning.

In July 2018 Crewkerne Health Centre merged with another local practice West One Surgery, using that location as a branch surgery.

Crewkerne Health Centre is located at Middle Path, Crewkerne, TA18 8BX.

The branch location can be found at West Street, Crewkerne, TA18 8AY.

Following the merger with West One Surgery, it was promptly identified that the care and treatment for patients previously registered at this practice was not always in line with national guidance. The provider (SHS) launched an investigation and reviewed the records of all patients previously registered at this practice. Where necessary, patients were contacted and invited to the practice for a review of their care and to bring their

treatment in line with current best practice guidance. At the time of our inspection, all reviews of patients previously registered at West One Surgery, had been completed.

Crewkerne Health Centre is situated within the Somerset Clinical Commissioning Group (CCG) and provides services to approximately 12,930 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice's clinical team consists of six part-time salaried GPs, three nurse practitioners, four practice nurses, five health care assistants and two emergency care practitioners. They are supported by an additional clinical lead GP. The practice also employs long-term locum GPs. The practice's reception and administration teams are supported by an operational manager based at Crewkerne Health Centre.

Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 82 years compared to the national average of 79 years. Female life expectancy is 84 years compared to the national average of 83 years.

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

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met...

**Doing all that is practicable to mitigate any such risk.**

In particular we found:

- Processes to ensure patients received appropriate monitoring was not always embedded.

This is a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met...

**Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.**

In particular we found:

- Oversight of staff training was not fully effective and the provider could not demonstrate that all staff had completed training appropriate to their role. For example, safeguarding training, fire safety training and infection prevention and control.
- Processes to ensure clinical specimens were handled in a way to mitigate risk were not embedded in practice.
- Oversight of patient group directions did not ensure they were signed and authorised in line with guidelines.
- The provider did not have a formal process to assure themselves of the competence of non-medical prescribers.

This section is primarily information for the provider

## Requirement notices

- Systems to check that medicines and medical equipment were in date, were not embedded.
- Medicine reviews did not always contain appropriate information.