

Crewkerne Health Centre

Inspection report

Middle Path
Crewkerne
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2018
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

This practice is rated as Requires Improvement overall. (Previous rating under a previous provider: September 2015 – 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

We carried out an announced comprehensive inspection at Crewkerne Health Centre on 5 and 6 September 2018 as part of our inspection programme. During this inspection we visited Crewkerne Health Centre and the branch surgery West One Surgery.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- There were systems in place for reviews of patients and their medicines (polypharmacy – concurrent use of multiple medications by a patient) where they were taking four or more different medicines daily.
- There had been significant delays in the programme of annual reviews of patients with long term conditions, mental health needs and dementia, although improved recently they were still below the expected local and national targets.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- The patient participation group had a positive effect on the practice and the community with working with the practice to provide emergency first aid training for parents or carers of children.

- There were new policies and procedures and a system of governance which needed to have time to be fully implemented and embedded.

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

- Ensure the necessary information is available regarding staff immunisation status in line with Public Health England(PHE) guidance.
- Ensure they monitor and address the gaps in maintaining meeting the patients' needs including patients with long term conditions, mental health and dementia.
- The provider must ensure patient records at West One Surgery are adequate maintained so that there is continuity of care.
- Ensure there are safe systems in place for fire safety, checks for safe equipment, safeguarding training and training for persons undertaking health and safety audits and risk assessments, for infection prevention and control and for chemicals used by the practice.
- Ensure medicines are stored safely.
- Ensure there is a system of safe storage and handling of prescription stationery.

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

- Review and continue to monitor the progress to bring employment information up to date regarding staff transferred to the provider organisation such as training, skills and qualifications.
- Review and continue to monitor regular audits for health and safety.
- Review and continue to monitor patient confidential information is kept securely and in line with General Data Protection Regulation (GDPR) 2018.
- The practice should continue to proactively identify carers.

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 CQC inspector, CQC 2nd inspector and a GP specialist adviser.

Background to Crewkerne Health Centre

Symphony Health Services (SHS) is the registered provider of Crewkerne Health Centre. SHS is a NHS health care provider, based in Somerset that was developed as part of the South Somerset Symphony Programme – a project which aims to create new and innovative ways to delivering high quality care to patients and strengthening and supporting primary care in the local area. At the time of this inspection, SHS were delivering services from five registered locations and three branch surgeries. SHS have been providing a service from Crewkerne Health Centre since July 2017. Contractually Crewkerne Health Centre services as from 2 July 2018 are provided from two addresses; (the registered address) Middle Path, Crewkerne, Somerset, TA18 8BX, and a branch surgery, West One Surgery, West Street, Crewkerne, Somerset, TA18 8AY; and delivers a general medical service to approximately 13,000 patients. The main practice is situated in a purpose-built building in a residential area of the town of Crewkerne, West One is provided in an adapted building on the edge of the centre of Crewkerne. Information about Crewkerne Health Centre can be found on the practice website www.crewkernehc.co.uk.

At the time of this inspection the provider was in the process of merging key information and the patient lists. For the purpose of this inspection we will be using mainly Crewkerne Health Centre information with additional

data to highlight any significant variations found between the two locations. West One Surgery was provided prior to the merger by a single GP provider who has remained as an employee of SHS.

According to information from Public Health England the practice area population is in the seventh least deprived decile in England. The practice population of children is below local and national averages at 4%. Likewise, the practice population of working age is similar to local and national averages at 54%. The practice population of patients living with a long-term condition was slightly above the local and national averages at 59%, the CCG being 58% and national being 54%. Of patients registered with the practice, 98% are White or White British, 0.6% are Asian or Asian British, 0.4% are Black or Black British, and 0.5% are mixed British and 0.2%.

The provider told us the practice team is made up of ten salaried GPs one being the Registered Manager which means overall the practice has the equivalent of 7.5 WTE (whole time equivalent) GPs at the practice. There is one advanced nurse practitioner (ANP) equivalent to 0.9 WTE, a lead practice nurse and four practice nurses equivalent to 3.2 WTE. There were four health care assistants and

three health coaches. The senior practice manager is supported by a practice manager (West One) a deputy practice manager, administrators, secretaries, and reception staff.

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

The practice provides the following regulatory activities: family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as Requires Improvement for providing safe services.

This was because:

There was a potential for the safety of patients and staff to be compromised. This was because of the gaps in the training for some staff for safeguarding, and that there were incomplete systems for infection control and managing clinical waste. Sustained improvements were required in the management of medicines, Patient Group Directions and Patient Specific Directions (medicine administration instructions), and prescription paper security. Additionally, some aspects of effective record keeping for patients' records needed to be improved to ensure that clinicians were able to provide continuity of care.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse; these were in place and adhered to at Crewkerne but not at West One who were still using the previous providers systems and information. Not all staff (West One) had received up-to-date safeguarding and safety training appropriate to their role, last undertaken in 2014. Most staff clearly knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Work was in progress to bring employment information up to date regarding staff transferred to the provider organisation such as training, skills and qualifications. At West One supporting evidence that clinical staff's professional registration had been checked regularly was not in place. One practice nurse's registration had not been monitored and there was a period of three months

when they were not on the NMC register during 2017. There were risk assessments in place for the job roles identified by the provider for not requiring a DBS such as administration and reception staff at both locations.

- There was an effective system to manage infection prevention and control. However, improvements needed to be implemented such as checking cleaning staff store equipment in line with guidance at West One Surgery. Steps were taking place to assure that the practice had the correct and up to date information regarding staff's immunisation status.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Most of the arrangements for managing waste and clinical specimens kept people safe. However, improvements needed to be implemented such as ensuring there was safe storage facilities for clinical waste at West One.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients; particularly at the branch surgery.

- The care records we saw for patients at West One showed that information needed to deliver safe care and treatment was not always available to staff. Records showed that information to support diagnosis and

Are services safe?

treatment plans had not been recorded in detail and therefore would be difficult for other clinicians to be able to provide or continue appropriate care without carrying out a reassessment of the patient's needs.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had sustained reliable systems for appropriate and safe handling of medicines at Crewkerne. New systems for the safe handling of medicines had been implemented at West One since the practice was acquired by Symphony Healthcare Services(SHS).

- The systems now implemented for managing and storing medicines, including vaccines, patient group directions (immunisations), patient specific directions (treatments), medical gases, emergency medicines and equipment, minimised risks. However, some of these had recently been implemented, including at West One Surgery and there was no supporting evidence they had been sustained.
- Crewkerne clinical staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The provider and the lead clinicians at Crewkerne were reviewing information and supporting staff to ensure that current national guidance was in place and followed for patients attending West One. This was because it had been identified that there had been potential historical over prescribing occurring in regard to Vitamin B12 that was not in line with guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in reviews of their medicines. Changes were being implemented to ensure that there was a regular plan in place to review patients on long-term medicines who attended West One Surgery.
- The practice had reviewed the systems for the logging and monitoring of the prescription stationery used in

the practice in line with changed information from the provider. This had been implemented two weeks before the inspection. However, we found the protocols had not been followed at Crewkerne Health Centre as blank prescription paper had not been secured safely in a meeting room which was accessible to unauthorised people.

Track record on safety

The practice had information to show that generally they had a good track record on safety. However, there were gaps in information for some aspects of safety which may have compromised patient and staff safety.

- There were some comprehensive risk assessments, with the exception of a specific risk assessment for the use and storage of liquid nitrogen at Crewkerne. There was no risk assessment process in place regarding the lock system on the doors for consulting and treatment rooms which meant in an emergency the doors could not be opened from the outside of the room. The practice monitored and reviewed safety using information from a range of sources.
- The provider had carried out regular audits for health and safety, however there was no trained health and safety staff lead at the practice or within the organisation.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and the population groups, long-term conditions and people experiencing poor mental health (including people with dementia) as requires improvement for providing effective services. For the population groups older people, families, children and young people, working age people (including those recently retired and students) and people whose circumstances make them vulnerable we rated good for providing effective services.

This was because:

The practice were unable to evidence that some of their patients at West One were receiving the care and treatment in line with national guidance. There were gaps in record keeping at West One Surgery to support the assessment and care planning for some patients. There were gaps at both practices regarding clinical coding so that accurate information; in respect of monitoring of regular reviews for patients with long term conditions, learning disabilities, and mental health; were not accurate.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, improvements were needed at West One Surgery to ensure clinical records reflected that an effective needs assessment and planned care to meet needs was in place so that other clinicians could provide continuity of care.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice had opted out of fully using the national Quality and Outcomes Framework (QOF) but were using some indicators to provide a baseline or register of patients identified as being at higher risk and need for support. The

practice used an alternative quality improvement scheme implemented by Somerset Clinical Commissioning Group, the Somerset Practice Quality Scheme (SPQS) which currently did not provide comparative data.

Older people:

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

People with long-term conditions:

This population group was rated requires improvement for effective because:

- Some of the patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. There were gaps in the programme for these for some of the patients at the practice. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Are services effective?

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- There was a GP lead for each long-term condition so that they had oversight of meeting the patient population needs and sharing learning and information to staff.
- The practice's performance on quality indicators for long term conditions was below local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) was 61% (West One 28%) in comparison to the national average of 78%. Also, the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) was 62% (West One 7%) in comparison to the national average of 90%. The practice informed us they had recognised they need to review how they code patients in the patient record system to ensure they had the most up to date information. We were also told that changes were in process to ensure that regular health and medication reviews were in place for all patients with long term conditions.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 95% or above.
- GPs maintained personal lists so that there was continuity of care.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 73% (West One had similar uptake), which was below the 80% coverage target for the national screening programme but above local and national averages.
- The practice's uptake for breast and bowel cancer screening was above the national average.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a member of staff who was a learning disability champion.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. The practice's performance on quality indicators for poor mental health including people with dementia and learning difficulties were below national averages. Even with combined information from both Crewkerne and West One Surgery

Are services effective?

the figures for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 47% in comparison to the national of 90%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of some aspects of the care provided. This programme of quality improvement was in the process of being implemented for the patients of West One Surgery. Where appropriate, clinicians took part in local and national improvement initiatives.

The practice was aware of the shortfalls in monitoring systems, including the necessity to increase the use of using QOF indicators to assist with patients receiving the care and support they needed. Where the practice did not use the QOF as a measure to check that specific areas of care and support were achieved with patients they had a programme of priority areas which they had identified as part of their participation in SPQS. These were for 2018/2019:

- Improved diabetic care
- Dementia
- Bone health
- Patients over the age of 65 risk of falls
- Increase the number of patients attending for an annual review of hypertension
- Increase the number of patients with a learning disability attending for an annual review.
- The practice used information about care and treatment to make improvements.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Most of the staff had the skills, knowledge and experience to carry out their roles. Where staff had recently joined the organisation from previous providers the practice was assessing what additional skills that they required.

- Most staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

- Most staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice did not have complete records to support that staff were up to date with skills, qualifications and training. Staff were encouraged and given opportunities to develop.
- The practice provided most of the staff with ongoing support. There was historical evidence that a formal recorded regular supervision and appraisal programme had not been in place. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

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

Are services effective?

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives. This included the support provided by the health coaches.

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

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

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

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

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

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. There was an effective system for twice weekly 'huddle' meetings at the main practice with the complex care team and other professionals so that patient seen as at risk were discussed.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Health coaches provided support to carers, patients living in isolation and in addition signposted them to other external support services.

People with long-term conditions:

- Most of the patients with a long-term condition received an annual review to check their health and medicines

needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team and other professionals to discuss and manage the needs of patients with complex medical issues.
- Home review visits had been implemented for housebound patients with diabetes.
- Treatment escalation plans were gradually being introduced to support patients obtaining the agreed care from other healthcare providers should their needs change.
- A process of checking that all patients with COPD (long term respiratory problems) had sufficient 'just in case' medicine over the Christmas and New Year period was in place.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The patient participation group (PPG) along with the practice ran an emergency first aid for children training session for patients and the local population.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and access to appointments at other practices in the GP federation. Patients were able to access a variety of services during the extended opening hours which included family planning, health checks, weight management and phlebotomy.
- Routine appointments were bookable in advance, up to three months, where applicable.
- The practice was able to offer travel vaccines and was a licensed centre for yellow fever vaccination.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Health coaches provided extra support for vulnerable people including keeping in regular contact with them, alerting other health and social care providers to changes in their circumstances.

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

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

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use. The practice's GP patient survey results (July 2017) were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, the practice was not always following the complaints procedure as in regard to formally responding to concerns, a letter of acknowledgement within three days. Also, although information was included in the practice's complaints leaflet, detail of the Parliamentary Health Service Ombudsman was not always included in the outcome letter to complainants' following the investigation.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Because:

- The addition of West One had highlighted there were gaps in oversight that needed to be strengthened at the branch surgery such as medicines management, clinical waste and patient record keeping. At Crewkerne Health Centre a safe and secure system for handling confidential waste in clinical and treatment rooms needed to be implemented. Areas across both locations such as prescription paper management, health and safety and the management of patients with long-term conditions and mental health needs to be improved and sustained.

Leadership capacity and capability

The leadership team had changed since Symphony Health Services (SHS) took over the running of the Crewkerne Health Centre in July 2017 and the West One Surgery as a branch in July 2018. Several GP partners from the previous partnership and the individual provider at West One Surgery remained with one GP becoming the registered manager for the location. Most of the clinical staff and administration staff alongside the practice manager team have remained providing some continuity of service. SHS told us they were in the process of establishing and providing administration and governance to support the day to day running of the practice including HR, maintenance, finance and quality assurance processes. At the time of this inspection some aspects were being assessed and in the process of being addressed, others were established such as finance administration.

At the practice level, leaders were establishing their roles and developing the skills to have the capacity and knowledge to deliver high-quality, sustainable care under the framework of SHS (the provider).

- Leaders were working with the provider to identify issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The provider had a vision and aims for patients to live healthy and independent lives.

- The practice team had an understanding of the vision of what the provider and the practice leadership team was aiming to achieve and were involved in the changes being made to deliver high quality, sustainable care.
- The strategy was in line with health and social care priorities across the region. The practice aimed its services to meet the needs of the practice population.
- The provider monitored progress against delivery of the strategy. However, it was aware that improvements needed to be in place to meeting the needs of some of the population groups such as patients with long-term conditions and mental health needs.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Not all acquired staff from West One had received regular annual appraisals in the last year. A programme of appraisal and supervision for these staff had not yet been set up by Crewkerne Health Centre. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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

- The governance and management of joint working arrangements across the provider organisation and with the local area shared services such as the complex care team promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, in other aspects such as recruitment, obtaining information regarding staff immunisations and training, health and safety, fire and management of the location these were still being formalised.
- Recent changes, with the addition of West One, had highlighted there were gaps in oversight that needed to be strengthened at the branch surgery such as medicines management, clinical waste and patient record keeping. Areas across both locations such as prescription paper management, health and safety and the management of patients with long-term conditions and mental health needs to be improved and sustained.
- Levels of clinical staffing were not fully established to factor in providing to the additional patients from West One Surgery such as those with long term conditions, mental health and dementia so that they received annual reviews of their needs in a timely way.
- The provider had implemented a portfolio of new and updated corporate policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. These were in the process of being fully adopted at the practice and there were some systems in place to monitor they were being effectively adhered to.

Managing risks, issues and performance

- There were some processes for managing risks, issues and performance. However, others were not fully implemented or embedded such as fire and infection prevention management.
- There was a process to identify, understand, monitor and address current and future risks including risks to

patient safety. Additional training and support was needed at practice and provider level to ensure health and safety monitoring was carried out by trained and knowledgeable persons.

- The practice had processes to manage current and future performance. The provider had set up a focussed quality monitoring system at practice and provider level for monthly reporting on key areas which included safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The provider considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice had systems for acting upon appropriate and accurate information. However, it did not always follow those systems and keep patients' identifiable information safe and secure.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Safe systems for the management of patient confidential information was not in place at Crewkerne Health Centre. For example, the practice did not have secure facilities in the treatment and consulting rooms for the small amount of confidential waste to be stored

Are services well-led?

safely during the day until removed for disposal. This, in addition to the security issues for consulting and treatment room doors, meant there was a risk that unauthorised people could access confidential information. On the second day of inspection we were shown additional steps put in place to address these issues. However, there was no evidence that this would be sustained.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. This included working with the Patient Participation Group (PPG) and other local organisations to provide additional support to the local community.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. These were shared across the organisation by the provider to improve outcomes for patients and for staff, working practices.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The provider must have safe systems in place for fire safety, training for persons undertaking risk assessments, infection control and chemicals stored and used at the practice. The provider must have the necessary information available regarding staffs' immunisation status in line with Public Health England (PHE) guidance. There was no proper and safe management of medicines. In particular: The provider must continue to review the safe storage and handling of prescription stationery.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively particularly in regard to good governance. In particular: The provider must ensure patient records at West One Surgery are adequate maintained so that there is continuity of care. The provider must ensure that patients receive an adequate review of their care and treatment needs on a regular basis.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.