Summervale Surgery

Quality Report

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

Ratings

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Summervale Surgery on 5 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks and infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- The practice must review, prescription tracking and management of medicines ideally requiring refrigeration in GP bags and for remote collection.

Summary of findings

- The practice should risk assess the use of volunteers.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. There were enough staff to keep patients safe. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However, improvements were needed to systems and processes in relation to the safe management of medicines and prescription administration.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Patients said they found improvements in making appointments and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and were well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

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

Good

The practice is rated as good for the care of older people. Of the practice patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had implemented named GPs to lead care and support to patients living in care or nursing homes. In regard to the accessing medicines, repeat prescriptions could be requested; by practice web page, via community pharmacy, hand, post or by telephone. Remote collection of medicines for patients were available from two rural Post Offices.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Information from NHS England showed that 57% of the patients had long standing health conditions, which was above the national average of 54%. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice is rated as good for the care of people with long-term conditions. Information from NHS England showed that 57% of the patients had long standing health conditions, which was above the national average of 54%. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people 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

Good

The practice is rated as good for the care of families, children and young people. Just above 16% of patients were less than 14 years of age. There were systems in place to identify and follow up children

Summary of findings

living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. Childhood immunisation rates for the vaccinations given to children under the age of two ranged from 92.2% to 100% and five year olds from 90.5% to 100%. These were above or comparable to Clinical Commissioning Group/National averages. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). Of the practice patients 56.3% were from the working population or full time students and there were 1.6% as having the status of unemployed which is below the national average of 6.2%. Disability allowance claimants were 32.8% which was below the national average of 50%. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It signposted vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. It carried out advance care planning for patients living with dementia.

The practice had signposted patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on supporting patients living with dementia.

Summary of findings

What people who use the service say

We spoke with two members of the Patient Participation Group. We received information from the 17 Care Quality Commission comment cards left at the practice.

Patients told us they always found the practice clean and had no concerns about cleanliness or infection control.

Results from the national GP patient survey 4 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 94.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and the national average of 88.6%.
- 92.2% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 86.8%.
- 96.8% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.3%
- 91.8% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 96.2% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90.4%.
- 92.3% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 86.9%.

Patients said they felt the practice offered a very good service and staff were understanding, efficient, helpful and caring. They said staff treated them with dignity and respect. Several patients expressed their satisfaction about the support that had been provided to their children and how they had been seen promptly. Others were pleased with the care and support for their long term conditions.

Areas for improvement

Action the service MUST take to improve

- The practice must review, prescription tracking and management of medicines ideally requiring refrigeration in GP bags and for remote collection.
- The practice should risk assess the use of volunteers.

Summervale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC Pharmacist Inspector and a GP specialist advisor.

Background to Summervale Surgery

Summervale Surgery is situated in Ilminster, Somerset. The practice had approximately 7257 registered patients from Ilminster, Chard, South Petherton and Hatch Beachamp.

The practice is located in purpose built premises (2012) which it shares with another GP service. There is a central patient waiting room with a reception desk with consulting and treatment rooms leading off these areas. Administration, management and meeting rooms are located on the ground floor and first floor of the building. The practice is on a general medical service contract with Somerset Clinical Commissioning Group. This is a dispensing practice.

Over 30% of patients registered with the practice were working aged from 15 to 44 years, 28% were aged from 45 to 64 years old. Just above 7.7% of the practice patients were 75-84 years old and 3.5% of patients were over 85 years old. Just above 16% of patients were less than 14 years of age. Information from NHS England showed that just below 57% of the patients had long standing health conditions, which was above the national average of 54%. The percentage of patients who had caring responsibilities was 20.7% which is above the national average of 18.5%. Of the practice patients 56.3% were from the working population or full time students and there were 1.6% as having the status of unemployed which is below the national average of 6.2%. Disability allowance claimants were 32.8% which was above the national average of 50%. Patients living in a nursing or care home were 0.5% of the patients the practice supported, which was similar to the national average of 0.5%.

The practice consisted of six GP partners and one salaried GP. Of these seven GPs there were four male and three female GPs. One GP is a GP with a special interest in Dermatology. Three of the GP partners were trainers for new GPs. There was one female trainee GP at the practice. There was a practice nurse lead and four practice nurses, two health care assistants and one trainee health care assistant all of whom provided health screening and treatment five days a week. There were additional clinics implemented when required to meet patient's needs such as the undertaking of influenza vaccinations. There was a team of administration, reception and secretarial staff. The practice had a full time practice manager who was in charge of the day to day management of the service.

Summervale Surgery had core hours of opening from 8.30am to 6.30pm every weekday with extended hours Monday and Tuesday evenings for appointments only. The practice referred patients to another provider NHS 111, then Somerset Doctors Urgent Care (from 1 July 2015) for an out of hour's service to deal with any urgent patient needs when the practice was closed. Patients are also directed to the Yeovil Walk-in centre should the need arise. The dispensary was open Mondays 9:00 am to 2:00 pm and then 3:00 pm to 7:00 pm and Tuesday to Friday 9:00 am to 2:00 pm and 3:00 pm to 6:30 pm.

Detailed findings

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

The practice provided us with information to review before we carried out an inspection visit. We used this, in addition to information from their public website. We obtained information from other organisations, such as the local Healthwatch, the Somerset Clinical Commissioning Group (CCG), and the local NHS England team. We looked at recent information left by patients on the NHS Choices website.

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looks like for them. The population groups were:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

During our inspection we spoke with two of the GPs, one partner and one salaried GP. We also spoke with two practice nurses and a health care assistant. We also spoke with the practice manager and members of the reception, dispensary and administration staff on duty. We also spoke with two members of the Patient Participation Group. We received information from the 17 Care Quality Commission comment cards left at the practice.

On the day of our inspection we observed how the practice was run, such as the interactions between patients, carers and staff and the overall patient experience.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, it was identified during a routine consultation that there had been a delay in a referral to an external health care service. An investigation flagged up gaps in monitoring and communication between GPs and administration staff which led to automatic searches carried out by administration staff on the patient data base which then highlighted referrals noted in patients records. Using this information administration staff could check appropriate information and referrals to other agencies had been fast tracked and sent off in good time.

We reviewed safety records, incident reports and minutes of meetings where these were discussed and shared with all staff. This showed the practice had managed these consistently over time and could show evidence of a safe track record over the long term. Medicines recall alerts were received by the practice manager and also directly to dispensary staff from the pharmaceutical wholesalers. These staff, would take the appropriate action and record these as required.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 were lead members of staff, a GP and the nurse manager for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters on display in prominent places. The practice had fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. However, the risk assessments did not show they had been reviewed since implementation in 2012. Following the inspection the practice manager provided evidence that all risk assessments had been reviewed appropriately and no changes in how the practice managed those risks had been required.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a schedule of cleaning in place. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Patients told us they had always found the practice clean and well cared for.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice could not provide appropriate information about the longstanding volunteers who undertook delivering prescriptions to local pick up points (post

offices) for patients not able to visit the practice. The practice could not provide evidence of risk assessments of this activity for volunteers to carry out this work without sufficient checks in place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The arrangements for managing medicines were not all safe for example, whilst the surgery offered a remote collection service for dispensed medicines including those requiring refrigeration; the practice were unable to provide assurance that the medicines requiring refrigeration were maintained within their recommended temperature range. The GPs had agreed a list of medicines they would have available for home visits, one of these medicines can be stored at room temperature with a reduced expiry date. The practice records indicated that this expiry date had not been revised to reflect the change in storage temperature. Whilst prescription pads were securely stored their use was not monitored once they had been issued from the dispensary. Other arrangements for managing medicines, in the practice (including obtaining, prescribing, recording, handling, and storing) kept patients safe.

Arrangements to deal with emergencies and major incidents

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. We found emergency medicines were easily accessible to staff in a secure area of the practice. These medicines included those for the treatment of, anaphylaxis. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to.

The practice had carried out regular fire safety risk assessments that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We were informed that this guidance and that from local commissioners was received by the practice manager and disseminated to appropriate staff. Information was made readily accessible on line electronically in all the clinical and consulting rooms. We did identify there was no central monitoring system to assure that all relevant staff had read and acted upon information received.

The GPs told us they lead in areas of the management of the service such as prescribing, clinical governance and safeguarding.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice did not participate fully in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). However, they did participate in the Somerset Quality Practice Scheme (SQPS) and reviewed their performance against national screening programmes to monitor outcomes for patients. Where it recorded and assessed outcomes for patients using QOF it achieved 72.2% of the total QOF target in 2014, the national average of 94.2%.

- Diabetes related indicators for some aspects of QOF were similar to the national average.
- The percentage of patients (QOF) with hypertension having regular blood pressure tests was similar to the national average.

The practice told us about joint clinical audits within the Clinical Commissioning Group and the GP practice federation it belonged to. The practice participated in a Lung Cancer audit across the federation with the aim of improving the clinical pathway for patients. We were told that this year the practice would be following this up with a pilot scheme to implement the changes which had identified potential improved outcomes for patients. They also told us about the collaboration with other practices about a review of patients with long term conditions in regard to the skill mix and number of nurses employed. This meant they could target the training provided to nurses in the federation and support other practices within the federation with meeting patients needs.

We looked at other audits the practice had completed such as those relating to collecting and collating data. We reviewed one audit cycle in greater detail this was in regard to the removal of skin lesions. The audit looked at the margins of excision on suspicious skin lesions. We were told this was being re-audited during this next year. There was not a planned approach to audits, no central overview; recording the details of the reasoning of why audits were carried out.

The practice's prescribing rates were also similar to national figures for example the use of specific types of antibacterial or antibiotics. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had their health conditions reviewed by the GP. The practice checked all routine health checks were completed for those patients diagnosed with long-term conditions such as diabetes, part of the process of health checks were to ensure that the latest prescribing guidance was being used.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings with other agencies to discuss the care and support needs of patients and their families.

Patients had access to a leg ulcer clinic, stoma nurse clinic, aortic aneurysm screening, and 24 hour blood pressure monitoring at the practice. Patients told us they received the care and treatment they needed and they were very satisfied with the service provided at Summervale Surgery.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. Staff training records showed that all staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development

requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which some plans for personal development were documented. Our discussions with staff confirmed that the practice was proactive in providing training and funding for relevant courses. As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis and that care plans were routinely reviewed and updated.

The practice is part of the Dementia Friendly Communities project which aims to train people of all ages and social groups in dementia awareness. The practice has been part of and hosted regular meetings with the public and other organisations to joint work in setting up support in the community. For example, the have been involved with a Memory Café at the local church and also recruiting for the 'Hand in Hand' Befriending service.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. As part of their health check it provides an opportunity for patients to share information in respect of their lifestyle such as their previous health history, We noted an approach among the GPs and nursing staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering chlamydia screening/ promoting sexual health for young people. The practice also provided access/referrals to other health promotion schemes outside of the practice such as smoking cessation. Heath care assistants provide individual support to patients to encourage weight loss by regular fortnightly appointments for weight checks and dietary advice.

The practice enabled patients to access national screening programmes. Such as cervical screening and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. For example, influenza vaccination rates for the over 65s were 72%, and at risk groups 44.7%. These were similar to national averages. Childhood immunisation rates for the vaccinations given to children under the age of two years old ranged from 92.9% to 100% and five year olds from 90.5% to 100%. These were above or comparable to Clinical Commissioning Group/ National averages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent information available for the practice on patient satisfaction. This included information from NHS Choices and friends and family test. We spoke with two members of the Patient Participation Group. We received information from the 17 Care Quality Commission comment cards left at the practice. Information showed that patients were satisfied with how they were treated and this was reflected in the comments we received.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 94.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and the national average of 88.6%.
- 92.2% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 86.8%.
- 96.8% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.3%
- 91.8% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 96.2% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90.4%.
- 92.3% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 86.9%.

Patients said they felt the practice offered a very good service and staff were understanding, efficient, helpful and caring. They said staff treated them with dignity and respect. Several patients expressed their satisfaction about the support that had been provided in respect of the health care of their children and how they had been seen promptly. Other patients told us they were pleased with the care and support for their long term conditions.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff maintained confidentiality when discussing patients' treatments so that information was kept private. Telephone enquiries and calls for appointments were taken away from the reception area which helped keep patient information private.

Care planning and involvement in decisions about care and treatment

Information from patients we spoke with showed patients experienced being involved in planning and making decisions about their care and treatment and generally felt the practice did well in these areas. Patients also felt the GP was good at explaining treatment and results. This was also reflected in the comments received about the practice nurses. If a patient decided to decline treatment or a care plan this was listened to and acted upon.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available. Information from the Patient Participation Group meetings and discussions with the practice staff team revealed that this service was required very infrequently but when used was effective and useful to help support the patients involved.

Patient/carer support to cope emotionally with care and treatment

The information from patients showed they were positive about the emotional support provided by the practice staff. They told us that they found the staff to be supportive and very caring.

The practice told us they offered longer appointments for patients who needed them to aid communication. They also told us they always tried to check with patients that the gender of GP met their choices and they aimed to provide continuity of care by providing a named GP.

Good

Are services caring?

Notices in the patient waiting rooms and patient website also told patients how to access a number of support groups and organisations. They told us they had recently implemented placing key contact details about local support services and information with care plan documents given to patients to keep at home for reference to. The practice's computer system alerted GPs and other staff if a patient was also a carer. The practice had two members of staff who were carer's champions, signposting and supporting carers to external support groups and services.

The practice hosted carers support groups, such as Compass Carers, to hold local meetings at the practice. They also provided a meeting room in order for patients to access fortnightly with the Citizens Advice Bureau.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and the needs of the practice population were understood and systems were in place to address their identified needs. For example:

- The practice offered extended hours Monday and Tuesday evenings until 7pm for working patients, carers, families and young people who could not attend during normal opening hours.
- Sexual health and contraceptive advice/ treatment was made available during the extended hour's appointment system.
- There were longer appointments available for people with a learning disability, patient with long term conditions.
- Home visits were available for older or house bound patients.
- Urgent access appointments were always available for babies under 12 months, children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice acted as a postal service for people living in an unauthorised traveller camp so that they could receive their hospital letters and healthcare support.
- The practice always reviewed any unplanned admissions to hospital so that they could prevent reoccurrence in the future.
- For workers, the opportunity to have a telephone consultation with a GP rather than attend to see a duty doctor.

There was a computerised system for obtaining repeat prescriptions and patients used both the email request service, posted or placed their request either in a drop box in reception or outside the building. Patients told us these systems worked well for them.

The practice had recognised they needed to support people of different groups in the planning and delivery of its services. The practice manager with the Patient Participation Group (PPG) had looked at the information and demographics of the population group the practice serves. They identified there were no significant issues they needed to address apart from encouraging young people and people from the working age to be involved and take an interest in what the service provided. The practice told us they were developing information for young people for the federation website and joint working in visiting schools to understand what young peoples concerns were and how they could support them.

Access to the service

Summervale Surgery had core hours of opening from 8.30am to 6.30pm every weekday with extended hours Monday and Tuesday evenings for appointments only. The practice referred patients to another provider NHS 111, then Somerset Doctors Urgent Care (from 1 July 2015) for an out of hour's service to deal with any urgent patient needs when the practice was closed. Patients are also directed to the Yeovil Walk-in centre should the need arise. The dispensary was open Mondays 9:00 am to 2:00 pm and then 3:00 pm to 7:00 pm and Tuesday to Friday 9:00 am to 2:00 pm and 3:00 pm to 6:30 pm.

Like other practices in the area Summervale Surgery provided services to the holiday population visiting the area. Patients were able to register as a temporary resident of the area. The practice turnover of patients was just below 8%.

Information was available to patients about the opening times and appointments on the practice website, these were also available on display in the practice waiting areas and provided to patients when they registered with the practice. This information included how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave patients the telephone number they should ring for the Out Of Hours service

Patients were generally satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to. They also said they could see another GP if there was a wait to see the GP of their choice. Comments received from patients showed that patients in urgent need of treatment were able to either speak to a GP or attend appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Information was available to help patients understand the complaints system. It was included in the practice information leaflet, on display in the patient areas and the practice website. The information contained details of how the complaints process worked and how they could complain outside of the practice if they felt their complaints were not handled appropriately. The two members of the PPG we spoke with knew of where to find the complaints process and were aware of the process to follow if they had a complaint.

We looked at the information about the seven complaints the practice had received in the last 12 months. The complainant had been kept informed about the complaint investigation and the outcome. The practice had looked at how it could improve and avoid incidents recurring and patients raising similar complaints in the future. There was evidence that staff had put changes in place including changes in administration practices. For example, delays in waiting at appointment to in to see a GP, staff now check regularly with the patient and offer alternative solutions such as rebooking or seeing another GP. Patients also had the opportunity to make comments; a comments box was available in the practice reception. Patients also expressed their opinion about the service on NHS Choices. Each comment was responded to by the practice and learning and actions put in place to prevent recurrence.

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 provide a range of NHS GP services to temporary residents, such as travellers and fully registered patients at the surgery. They also wanted to take steps to provide holistic care to people living in the community.

When we spoke with the GPs, practice nurses and members of administration staff, they all understood the vision and values of the practice and the aim of the practice team to achieve good outcomes for patients and the community. Examples of this were offering access to private healthcare services such as an osteopath, foot care, aromatherapy and acupuncture.

Governance arrangements

The practice had a number of policies and procedures in place to govern how services were provided. These policies and procedures were available electronically, some in hard copy for easy access. There was a system to ensure that policies and procedures were reviewed and updated where required on an annual basis. GPs and nursing staff were provided with clinical protocols and pathways to follow for some of the aspects of their work. For example, medicines management and vaccines.

- There was a leadership structure with named members of staff in lead roles. For example, the lead nurse supported the nursing care provided and the infection control at the practice. A GP partner was the lead for safeguarding Practice nurses took responsibility for areas such as infection control. The practice manager and some of the administration team were responsible for health and safety, supporting the Patient Participation Group (PPG) and IT. All of the members of staff we spoke with were clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had carried out clinical audits which it used to monitor quality and systems to identify where action should be taken.
- The practice had arrangements for identifying, recording and managing risks. Risks were identified and managed effectively and action plans had been produced and implemented.
- The practice partners and salaried GPs had a system of daily, weekly and monthly meetings for governance, business and to discuss patient's needs. Patients' needs were discussed on a daily basis; there were fortnightly meetings with multidisciplinary teams for patients who required more support.

Leadership, openness and transparency

Practice staff met monthly to discuss the service delivery within their own peer groups. Important information was disseminated between these meetings should urgent issues arise. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice employed a practice manager who oversaw the administration and management of the service. Their role included being responsible for human resource policies and procedures and their implementation.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, compliments and complaints received.

The practice had a virtual patient participation group (PPG) that had supported the practice to carry out annual surveys. We met and spoke with representatives of the recently reformed PPG who told us about their involvement with the practice and the plans they had for developing the relationship and support to the practice patients. They provided information of how the practice had listened and was working with them in developing the PPG group. Feedback from both groups has led to small changes in the waiting room, the provision of music as background sound to provide some privacy from conversations at the reception desk being overheard. Practice nurse availability was increased to 7pm two nights per week in response to patient's comments and this had been welcomed by patients.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any

Are services well-led?

Good

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

concerns or issues with colleagues and management. The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. This enabled staff to raise concerns without fear of reprisal.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff confirmed that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they were provided with opportunities to develop new skills and extend their roles.

We heard how the practice was a teaching practice and much valued the support they were able to provide to GP trainees. Three GPs at the practice were qualified GP trainers. The practice had completed reviews of significant events and other incidents and shared these with staff at meetings to ensure the practice improved outcomes for patients.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment** • We found people who used the service and others were not protected against the risk of unsafe care and treatment. For example, there were insufficient systems in place to ensure medicines kept in GP bags or supplied via remote collection requiring refrigeration were kept within their recommended temperature range or other appropriate actions taken and prescription stationary was kept secure with appropriate records This was in breach of regulation 12(1), 12(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

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 Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The potential of risks had not been assessed for the use of volunteer staff at the practice for the delivery of medicines to pick up points in the community. The practice could not provide evidence of risk assessments of this activity for volunteers to carry out this work without sufficient checks in place. This was in breach of regulation 12(2)(a)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.