

Oaklands Surgery

Inspection 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 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. (Not previously rated)

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 Oaklands Surgery on 26 and 27 July 2018. This inspection was part of our inspection programme and to check that the new provider, Symphony Healthcare Services, was providing an appropriate service since they had assumed responsibility for the service 3 August 2017.

At this inspection we found:

- The practice had clear 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.
- One of the practice staff has recently initiated patients accessing a new pre-diabetes prevention programme using some activity monitoring system/applications.
- There were good 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. 93% of patients in this situation had received an annual medicines review.
- 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.

- The practice offered access to a musculoskeletal specialist once a week to offer a quicker diagnosis and treatment for patients with minor muscular injuries and strains.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. Health coaches were providing a walking group every Monday and participating in the 'CHAOS' coffee mornings to listen and support patients.
- 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 clinical staff available required to maintain meeting the patients' needs including patients with long term conditions, mental health and dementia.
- Ensure there are safe systems in place for fire safety, checks for safe equipment, including calibration, 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.
- Ensure that patient confidential information at Yeovil Health Centre is kept securely and in line with General Data Protection Regulation (GDPR) 2018.
- Ensure there are governance systems for clinical oversight of the advance nurse practitioners and health care assistants.

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 develop an auditable system for managing safety alerts received at the practice.

Overall summary

- The practice should continue to proactively identify carers and respond to patient feedback regarding access to appointments.

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

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a 2nd CQC inspector.

Background to Oaklands Surgery

Symphony Health Services (SHS) is the registered provider of Oaklands Surgery. 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 eight registered locations and one branch surgery.

SHS have been providing a service from Oaklands Surgery since August 2017. Oaklands Surgery service is provided from two addresses; (the registered address) Birchfield Road, Yeovil, Somerset, BA21 5RL, and a branch surgery, Yeovil Health Centre, (first floor of Boots the Chemist) Middle Street, Yeovil, Somerset BA20 1LS and delivers a general medical service to approximately 10,516 patients. The main practice is situated in a purpose-built building in a residential area of the town of Yeovil. Information about Oaklands Surgery can be found on the practice website

According to information from Public Health England the practice area population is in the fifth least deprived decile in England. The practice population of children is above local and national averages by 8%. Likewise, the practice population of working age is above to local and national averages by at least 10%. The practice

population of patients living with a long-term condition was below the local and national averages at 52%, the CCG being 58% and national being 54%. Of patients registered with the practice, 98% are White or White British, 1% are Asian or Asian British, 1.4% are Black or Black British, 0.2% are mixed British and 0.2% considered themselves as 'Other'.

The provider has told us the practice team is made up of four salaried GPs one being the Registered Manager which means overall the practice has the equivalent of 2.5 WTE (whole time equivalent) GPs at the practice. There are three advanced nurse practitioners (ANP) equivalent to 2.33 WTE, one practice nurse and a long-term locum practice nurse and two health care assistants. The practice had recently employed a practice pharmacist. There is one health coach employed by the practice. The practice manager is supported by administrators, secretaries, and reception staff.

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

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

Are services safe?

We rated the practice as requires improvement for providing safe services.

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. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as (nursing staff) 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 had 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.
- There was a system to manage infection prevention and control. However, minor improvements needed to be implemented such as ensuring all staff dispose of urine samples safely and cleaning staff store equipment in line with guidance. 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 some arrangements to ensure that facilities and equipment were safe and in good working order. SHS were aware what they needed to ensure that there was a good oversight and system in place for fire safety, electrical equipment and chemicals stored and used at the practice. However, we found that there were gaps in the oversight of the calibration of equipment as we found at Yeovil Health Centre a spirometer in the home visit bag, and pulse oximeter, BP monitor and auroscopes in rooms had not been checked for electrical safety or calibration. Safety checks on overhead examination lights had not been made since February 2015 in three of the rooms we reviewed. This

meant there was a risk patients and staff safety and inaccurate assessments of patients may occur. Following inspection, the practice advised us electrical testing had been carried out at the branch site.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Some 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. GPs and nursing staff had left and some were on extended sick or maternity leave. New staff had been recruited to the clinical team, however they required specific training to care for patients with long term conditions and immunisations. The provider told us it was actively recruiting to increase nurse and GP cover at the practice.
- 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 at both locations 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 systems for appropriate and safe handling of medicines.

Are services safe?

- There were systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, we found that medicines were not kept securely at Yeovil Medical Centre as the medicines fridges and the rooms where they were situated were not locked when the area was not in use by a clinician. Specific prescribed medicines were found in an unlocked drawer in one of the treatment rooms.
- 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.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- There were some systems for the logging and monitoring of the prescription stationery used in the practice. However, we found the protocols had not been followed at Yeovil Health Centre as blank prescription paper had not been secured safely in a consulting room and was accessible to unauthorised people.

Track record on safety

The practice had information to show that generally they 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 COSHH (Control of substances hazardous to health) chemicals used directly by practice staff such as dishwasher tablets and fire safety assessments of the rooms where the boiler and the computer service were housed.
- The practice monitored and reviewed safety using information from a range of sources.
- The provider had carried out regular audits for health and safety. ,

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 some external safety events as well as patient and medicine safety alerts. However, the system was not coordinated and any actions taken as a result were not recorded.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services. We rated the population groups Long term conditions and Mental health as requires improvement, the population groups of Older people, Families, Children and young people, Working age people (including those recently retired and students) and People whose circumstances may make them vulnerable as good.

This was because:

The practice were unable to evidence patients were receiving the care and treatment in line with national guidance. There were vacancies in the clinical staff team who were required to maintain the level of care needed to meet patient needs including patients with long term conditions and mental health.

Effective needs assessment, care and treatment

We saw that 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 although there were delays in some patients receiving regular reviews of care and treatment.
- 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.
- There were good 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. 93% of patients in this situation had received an annual medicines review.

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).

Older people:

- Older patients who are 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.

- The practice followed up on older patients who were 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:

- The practice had a plan to ensure that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, they were aware of the shortfalls in achieving their target because of insufficient staffing levels.
- 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. The practice informed us that additional staff would be provided with the necessary training as soon as possible to improve the service for patients.
- One of the practice staff had recently initiated a system for patients to access a new pre-diabetes prevention programme by use of body worn physical activity monitoring systems/applications.
- 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.
- 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)

Are services effective?

- The practice's performance on quality indicators for long term conditions was below local and national averages. For example, 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 73% in comparison to the national average of 90%. The practice informed us they had recently employed a nurse for two days per week, with the necessary skills, to ensure these checks were undertaken.

Families, children and young people:

- Childhood immunisation uptake rates for 2017/2018 were in line with the target percentage of 90% or above. The practice reviewed its information in regard to child immunisations for 2017/2018 and assured us that their 2-year olds immunisations have been raised to 90% which is an improvement on the previous year.
- 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 77%, which was below the 80% coverage target for the national screening programme but above local 72% and the national level of 74%.
- The practice's uptake for breast and bowel cancer screening was above the national average for breast cancer screening and similar for bowel cancer screening.
- 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 system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The health coach works with vulnerable patients to provide support and liaison with the primary care team, social services and mental health team.

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

This population group was rated requires improvement for effective because:

- The practice had a system to assess and monitor 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. However, they had recognised that there was a delay in patients being reviewed and although there was an improvement in the quality of the reviews being carried out in 2017/2018 they still needed to address the issue.
- 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. However, information showed they had increased the number of patients living with a diagnosis of dementia who had an annual review of their care needs they were still below the national target of 84%.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

Are services effective?

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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- 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. However, the practice had identified that there were insufficient practice nurse hours to provide adequate care in a timely way for patients with long term conditions and mental health needs, or to ensure that HCAs had the daily clinical support and oversight from a practice nurse daily.
- 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. However, there was no system in place for formal supervision of the nurse practitioners or auditing of their consultations.
- 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff consistent and proactive in helping patients to live healthier lives.

- 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. Health coaches were providing a walking group every Monday and participating in the Friend of Oaklands Surgery coffee mornings to listen and support patients.
- 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.

Are services effective?

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 were in line with 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. However, they were aware that they needed to do more to identify and provide support to carers who were registered with the practice.
- The practice's GP patient survey results were in line or below local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice 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 and delivered 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 practice was in the process of starting a pilot, the Somerset Electronic Consultation, so that they could offer patients an additional online service.
- 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.
- The practice had a very proactive Patient Participation Group (PPG) who provided fortnightly coffee mornings, the Friends of Oaklands Surgery Coffee mornings. The coffee morning was open to all patients in those who may be socially isolated. The PPG also hired a minibus to provide transport those patients who had difficulty accessing public transport so that they could participate.

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.

- The practice was working on improving the links with the nursing and residential homes who support their patients to aid communication. The practice pharmacist visited care homes regularly to advise with medication issues.

People with long-term conditions:

- The practice had a plan for patients with a long-term condition to receive 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, the complex care teams, to discuss and manage the needs of patients with complex medical issues.
- The practice was in the process of implementing an additional health educational self-help programme for pre-diabetics.

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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 appointments three evenings per week.
- Influenza vaccination clinics were held on Saturdays to assist the working age population.
- A musculoskeletal specialist was available at the practice once a week to speed up diagnosis and treatment for patients with minor muscular injuries or strains.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided extra appointment time for non-English speaking patients to accommodate using translation services.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice were in the process of investigating the instigation of a permanent Mental Health care practitioner at the practice to provide consistent treatment and support for patients locally.

Timely access to care and treatment

Patients 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.
- The practice GP patient survey results were variable to the local and national averages for questions relating to access to care and treatment, patients finding it difficult to access appointments. The practice were aware of these and had employed locum clinical staff and recently employed additional nursing staff to increase access for patients. However, there were still deficits in the monitoring of patients with long term needs, mental health and dementia.

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. The practice learned lessons from individual concerns and complaints and also from an 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.

Leadership capacity and capability

The leadership team had changed since Symphony Health Services (SHS) took over the running of the practice in August 2017. This meant that only one GP partner from the previous partnership and management team remained. None of the staff were partners; the lead GP was also the registered manager. The deputy practice manager had recently undertaken the practice manager role providing continuity with regards to processes and procedures and day to day running of the service. SHS told us they were in the process of establishing and providing administration and governance 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 of to be a fully functioning practice providing a comprehensive and efficient service for acute and chronic conditions. Aiming for excellence in the care they provided which patients would appreciate.

- 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. However, shortfalls in appropriate skilled clinicians meant they had difficulty meeting those aims.
- The provider monitored progress against delivery of the strategy.

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. Most staff received regular annual appraisals in the last year although there were gaps in clinical supervision and oversight of nursing and health care assistants. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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.

Are services well-led?

- 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.
- There were gaps in oversight for the calibration of equipment and COSHH, medicines and prescription paper management.
- Levels of clinical staffing were not established and patients with long term conditions, mental health and dementia were not being provided with regular annual reviews in a timely way.
- Clinical governance was not in place for advanced nurse practitioners and health care assistants.
- 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 adopted at the practice fully and there were some systems in place to monitor they were being effectively adhered to.

Managing risks, issues and performance

- There were processes for managing risks, issues and performance.
- 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 provider was aware of the shortfalls in clinical cover, GP and nursing staff, and was implementing plans to address this with a recruitment drive for GPs and nursing staff.
- 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 documented arrangements, policies and procedures in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Training had recently been provided to staff to update them regarding the new General Data Protection Regulation (GDPR). However, they were not following key requirements to meet maintaining secure and confidential records at Yeovil Health Centre as confidential patient records for archiving were in unlocked filing cabinets and cupboards in areas that were accessible to others who were not practice staff. Patient records waiting for scanning or processing were not secured away when staff not present. Confidential waste was not secured safely whilst awaiting

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destruction. Patient prescriptions awaiting processing were left unsecured and results of patient tests and a referral letter were left in areas that was accessible to non-authorised people.

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. The provider also used learning from Oaklands Surgery and the other services to develop systems to improve the outcomes for patients. For example, a prescription hub with appropriately trained staff to monitor and process repeat prescriptions so that patient's requests were dealt with in a timely way and support given when needed.

- 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.
- The practice had just about to commence participating in an e-consult service pilot funded by the clinical commissioning group.
- 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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, checks for safe equipment including calibration, 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. The provider must monitor and address the gaps in clinical staff available required to maintain meeting the patient's needs including patients with long term conditions, mental health and dementia. The provider must ensure there is clinical oversight of the Advance Nurse Practitioner and health care assistants. There was no proper and safe management of medicines. In particular: The provider must continue with assessing and putting actions in place to ensure medicines are stored safely. The provider must continue to review the safe storage and handling of prescription stationery. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular: The provide must ensure there is safe and</p>

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secure storage of patient confidential information in place at Yeovil Health Centre. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.