Somerton House Surgery

Quality Report

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Midsomer Norton
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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?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Somerton House Surgery on 20 October 2016. The overall rating for the practice was good, however, we rated the practice as requires improvement for providing safe services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Somerton House Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 26 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good, including for providing safe services.

Our key findings were as follows:

- procedures for effective staff recruitment are fully implemented and records are complete so that only staff who meet the requirements of the regulations are employed.
- systems for monitoring training are in place to ensure all staff receive relevant, up to date training and this is recorded.
- arrangements are in place to ensure patients can access information on how to complain, including via the practice website.

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?

Good

During our comprehensive inspection on 20 October 2016 the practice was rated as requires improvement for providing safe services. We found that:

- risks to patients were assessed and managed. However, we reported that the practice must review the arrangements for recruitment checks and records to ensure procedures are fully implemented.
- the practice had clearly defined systems, processes and practices to keep patients safe and safeguarded from abuse. However, there were some gaps in the training records for some staff, for example in safeguarding children and infection control.

During our focused inspection carried out on 26 April 2017 the practice was rated as good for providing safe services. We found that:

- procedures for effective staff recruitment had been fully implemented and records were complete to demonstrate that only staff who meet the requirements of the regulations are employed. For example, staff have records of appropriate checks, including two written references and a Disclosure and Barring Service (DBS) check or a risk assessment confirming a DBS check was not required.
- systems for monitoring training were in place to ensure all staff had received relevant, up to date training and this was recorded, including training in infection prevention and control and in safeguarding children to an appropriate level.

Somerton House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection on 26 April 2017 was carried out by a CQC Inspector.

Background to Somerton House Surgery

Somerton House Surgery is located in the village of Midsomer Norton near Radstock. The practice serves a local and rural population of approximately 6600 patients from the village and the surrounding area. There is parking on site including spaces for patients with a disability. The practice has a number of rooms which it makes available to other services; these include physiotherapy, counselling, drug misuse services and private sport physiotherapist.

The practice has five GPs; four partners and a salaried GP of which; four are female and one is male. Between them they provide 28 GP sessions each week and are equivalent to 3.5 whole time employees. There is a nurse practitioner who is qualified to prescribe particular medicines and a practice nurse, they provided 15 sessions per week and are the equivalent to 1.6 whole time employees. There was one health care assistant and two phlebotomists, they provided 10 sessions per week and their working hours are the equivalent to 2.4 whole time employees (WTE). The GPs and nurses are supported by a practice manager and eight administrative staff.

The practice is a GP training practice and had one registrar GP placed with them at the time of our inspection in October 2016. The practice also hosts placements for fifth year medical students. One of the GP partners is a GP trainer and the practice had been graded as excellent by the Severn Deanery GP Specialty Training Quality Panel.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the ninth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average life expectancy for males in the area is 80 years, which is one year longer than the national average and for females is 85 years, which was slightly longer than the national average.

The practice is open between 8:15am and 6:15pm Monday to Friday. Appointments are available from 8:30am and telephone access is available from 8am until 6pm. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day.

GP appointments are 10 minutes each in length and appointment sessions are typically 8:20am until 11:30am and 3pm until 6pm. Each consultation session has 18 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services. Extended hours appointments are offered two evenings from 6:30pm until 7pm and one early morning from 7:30am until 8am. Also early morning appointments with the phlebotomist are available two mornings a week on a Tuesday and Friday from 7:30am until 8am. Pre-bookable appointments are also available from 8:30am until 11:30am once a month on a Saturday.

Detailed findings

The practice has opted out of providing out-of-hours services to their own patients. Patients are directed to using the NHS 111 telephone service outside of normal practice hours, who work in conjunction with Vocare out of hours GP service.

The practice has a Personal Medical Services contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia, minor surgery services and avoiding unplanned admissions. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

This report relates to the registered regulated activities which were provided at the following location:

Somerton House Surgery

79a North Road

Midsomer Norton

Bath

BA3 2QE

Why we carried out this inspection

We undertook a comprehensive inspection of Somerton House Surgery on 20 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, however, it was rated as requires improvement for providing safe services. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Somerton House Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Somerton House Surgery on 26 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Somerton House Surgery on 26 April 2017. This involved reviewing evidence that:

- Policies and procedures had been updated, including those for recruitment and selection; and Disclosure and Barring Service (DBS) checks.
- Relevant staff had records of required training, including training in safeguarding children and infection prevention and control.

During our visit we:

- Spoke with the practice manager and administrative staff.
- Reviewed a sample of staff personnel files, including records of Disclosure and Barring Service (DBS) checks, induction and references.
- Reviewed training records for staff, including training in safeguarding children and infection prevention and control.
- Reviewed information for patients on how to complain, including on the practice website.

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.

Good

Are services safe?

Our findings

At our previous inspection on 20 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of effective staff recruitment and related records were not adequate. We also found some gaps in training records, including training in safeguarding children and infection prevention and control.

These arrangements had significantly improved when we undertook a follow up inspection on 26 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the inspection in October 2016 we reviewed three staff personnel files and found that appropriate recruitment checks had been carried out, including proof of identification, qualifications and registration with the appropriate professional body. However, we found that the process for recruitment checks had not been fully implemented prior to employment. For example, all staff had a record of a Disclosure and Barring Service (DBS) check, however, we found some had been received post-employment. Two clinical staff had a record of a DBS check dated after they started employment. There were no written references in the files we reviewed. The practice manager told us verbal references were taken prior to employment and all three had provided up to three years satisfactory employment for the practice. The practice confirmed, within 48 hours of the inspection, that all personnel files had been reviewed and where no written references were in place, annual appraisal records had been reviewed and a note placed on file confirming satisfactory service in lieu of references.

At this follow up inspection in April 2017 we saw that the policy for recruitment and selection; and the policy for DBS checks had each been revised in March 2017. We reviewed three staff personnel files and found that procedures for effective staff recruitment had been fully implemented and records were complete to demonstrate that only staff who meet the requirements of the regulations were employed. For example, staff had records of appropriate checks, including two written references and a Disclosure and Barring Service (DBS) check or a risk assessment, confirming a DBS check was not required. We saw in one file, where no written references were in place, evidence that annual appraisal records covering three years had been reviewed and written confirmation of satisfactory service in lieu of references. We saw in two files for recently recruited staff written records of risk assessments confirming that both were in roles that did not involve unsupervised one-to-one contact with patients and that a DBS check was not required. These were signed and dated by the practice manager and a GP partner.

We spoke to the administrator who since the inspection in October 2016 had taken responsibility for staff personnel files, including records relating to recruitment; and for systems for monitoring and recording training. We saw records in an electronic training matrix showing all staff had received relevant, up to date training, including training in infection prevention and control; and in safeguarding children. GPs and practice nurses were trained to child safeguarding level 3; health care assistants and phlebotomists were trained to level 2; and administrative staff to level 1.