

# Penn Hill Surgery

## Quality Report

**Penn Hill Surgery**  
**St Nicholas Close**  
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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 Penn Hill Surgery on 29 October 2015. Overall the practice was rated as good for effective, caring, responsive and well-led with the safe domain being rated as requires improvement. We issued one requirement notice for the following:

- Breach of Regulation 19 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Fit and proper persons employed. The requirement notice was for the practice to ensure all staff received appropriate employment checks prior to employment ensuring the safety of patients using the service.

Our key findings during this inspection were as follows:

The areas where the provider must make improvement were:

- Review recruitment processes to ensure staff requiring a valid Disclosure and Barring Service check were in possession of this prior to their employment.
- Review processes for staff undertaking a chaperone role who do not have a Disclosure and Barring Service check.

The areas where the provider should make improvement were:

- Review the policy for legionella to ensure risks to staff and patients were effectively managed.
- Review how governance arrangements were recorded and managed for complaints and risk assessments to ensure best practice was reflected.

A copy of the report detailing our findings can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused desk based inspection on the 21 November 2016 to follow up the requirement notice and to assess if the practice had implemented the changes needed to ensure patients who used the service were safe.

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

- The provider had updated staff recruitment policies to ensure staff were recruited appropriately. All staff files at the practice now contained evidence that appropriate recruitment checks had been undertaken.

# Summary of findings

- The provider had updated the policy and procedure for staff chaperoning duties. Staff that chaperone patients had a Disclosure and Barring Service check in place and had received appropriate training for this extended role.
- A Legionella risk assessment had been undertaken by an external contractor in August 2016. Subsequently, the provider had developed an action plan and was in the process of developing a system to undertake regular water system checks.

- The provider had implemented a system of recording and monitoring complaints and risk assessments, ensuring best practice was reflected.

We found the provider had made the required improvements since our last inspection in October 2015. Following this focused inspection the practice is rated as good for providing a safe service and has an overall rating for the practice of good.

**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?**

When we undertook a comprehensive inspection in October 2015 we found the practice was rated as requires improvement for providing safe services. This was because the provider was not always completing appropriate recruitment processes and did not have systems to ensure the safety of patients and staff.

During the desk based inspection undertaken in November 2016 we found the provider had improved systems to keep patients and staff safe. The changes included:

- The provider had updated and implemented a new policy and procedure to safely recruit staff and had completed a risk assessment or a Disclosure and Barring check, where appropriate, for all staff.
- All staff who acted as chaperones had an enhanced Disclosure and Barring check in place and had undertaken the required chaperone training.
- The complaints policy and procedure had been updated and all complaints were recorded, managed and audited to ensure that patterns of reported complaints were identified and learning could be shared.
- An external Legionella risk assessment had been completed in August 2016 and the provider had subsequently created an action plan which is due to be implemented in December 2016.

We found the provider had made significant improvement since our last inspection on 29 October 2015. Following this desk based inspection we have rated the practice as good for providing safe services.

Good



# Penn Hill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The desk based focused inspection was carried out by a CQC Assistant Inspector.

## Background to Penn Hill Surgery

Penn Hill surgery is located close to the centre of Yeovil in the middle of a small housing development. The practice serves a semi-rural population of approximately 9730 patients from Yeovil and the surrounding villages.

The practice building was purpose built in 1989 and a major extension was added in 1997. The extension allowed the practice to provide additional consulting rooms, space for nurses and a clinical suite available for further health related activities.

Penn Hill Surgery has four partner GPs and a salaried GP. They provide 37 GP sessions each week and are equivalent to 4.9 whole time employees. One GP is female and five are male.

There are six female nurses including a nurse manager, two advanced nurse practitioners and four health care assistants whose working hours are equivalent to 4.1 and 1.75 whole time employees respectively.

The GPs and nurses are supported by 23 management and administrative staff including a business manager, a practice manager and deputy practice manager.

The practice has been a training practice for many years. They usually have foundation year 2 (FT2) and GP specialist training (ST) doctors attached to the practice.

The practice is open between 8 am and 6:30 pm Monday to Friday; appointments are available during these times. Extended hours are offered at the following times on Monday evenings between 6:30 and 8 pm and every Saturday 8 am until 9:30 am for pre-booked appointments for those patients who cannot visit the practice during normal hours.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by SDUC (Somerset Doctors Urgent Care) and patients are directed to this service by the practice during out of hours.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as extended opening hours, childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. It provides an influenza and pneumococcal immunisations enhanced service. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is linked to Pathways Health and Social Care Alliance Limited, the provider of the Yeovil Health Centre and Somerset Primary Healthcare Limited. They are active members of the South Somerset Healthcare Federation consisting of 17 practices in South Somerset and are partners in the Somerton Surgery Partnership.

## Why we carried out this inspection

We carried out a focused desk top review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

We carried out an announced comprehensive inspection at Penn Hill Surgery on 29 October 2015. Following this inspection we found that overall the practice was good and required improvement within the safe domain.

Following the inspection we issued a requirement notice for:

- Breach of Regulation 19 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Fit and proper persons employed. The requirement notice was for the practice to ensure all staff received appropriate employment checks prior to employment ensuring the safety of patients using the service.

We undertook this focused desk based inspection on 21 November 2016 and asked the practice to send us evidence to show how they were meeting the regulation, to ensure patients who used the service were safe.

To complete this desk top inspection we:

- Reviewed the providers action plan.
- Reviewed records relevant to the safe recruitment of staff and records and the health and safety of staff and patients. This included updated policies and procedures for managing recruitment and complaints.
- Reviewed the complaints record.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it safe?

# Are services safe?

## Our findings

At our last inspection in October 2015 we found the practice did not have suitable systems in place to always provide safe services because:

- The provider had not undertaken a valid Disclosure and Barring Service check for all staff prior to their employment, including staff undertaking a chaperone role.
- The policy and procedure for managing legionella did not mitigate risks to staff and patients.
- Governance arrangements for the management of complaints did not reflect best practice.

The focused desk based inspection undertaken on the 21 November 2016 found the practice had provided the evidence that they had implemented the changes needed to ensure patients who used the service were safe.

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

- We reviewed the recruitment policies which had been updated to ensure staff were recruited appropriately.

We saw the practice carried out risk assessments to ascertain if a Disclosure and Barring check was required for all staff. The practice provided evidence that a Disclosure and Barring check had been obtained for all relevant staff.

- We were given a copy of the updated chaperone policy and procedure. The provider had allocated the chaperone role to specific staff who all had a Disclosure and Barring check; we saw confirmation that staff acting as chaperones had also completed appropriate training.
- An external Legionella risk assessment had been undertaken in August 2016. Subsequently to this the provider gave us evidence that they had developed an action plan which detailed the regular monitoring and recording of Legionella in accordance to regulations. The provider informed us that the action plan would be implemented in December 2016.
- The provider had updated their complaints policy and procedure. They demonstrated that a 'complaints tracker log' had been implemented, used to audit complaints and identify any relevant trends in reported complaints. We saw evidence that subsequent learning had been shared with relevant staff.