

# Drs Pearce and Trenholm

## Inspection report

Springmead Surgery  
Summerfields Road  
Chard  
Somerset  
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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

Good 

|                          |  |
|--------------------------|--|
| Are services safe?       | Good                  |
| Are services effective?  | Requires improvement  |
| Are services caring?     | Good                  |
| Are services responsive? | Good                  |
| Are services well-led?   | Good                  |

# Overall summary

We carried out an announced focussed inspection at Drs Pearce and Trenholm on 5 March 2020 as part of our inspection programme, and as a follow up to our last inspection on 11 December 2018.

When we last inspected Drs Pearce and Trenholm on 11 December 2018 it was rated as **Requires Improvement** overall; **Requires Improvement** for providing safe, effective and well-led services and **Good** for providing caring and responsive services. All the population groups were rated as **Good** other than those for people with long-term conditions, working age people (including those recently retired and students), and people experiencing poor mental health (including people with dementia) which were rated as **Requires Improvement**.

A requirement notice was issued to ensure that care and treatment was provided in a safe way to patients, effective systems and processes were established to ensure good governance in accordance with the fundamental standards of care and that the provider ensures that changes to its registration details are notified to the CQC.

This inspection focused on the following key questions:

- Are services safe?
- Are services effective?
- Are services well led?

Because of the assurance received from our last inspection, we carried forward the ratings for the following key questions:

- Are services caring? (Good)
- Are services responsive? (Good)

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We provided the practice with Care Quality Commission feedback cards prior to the inspection and we received eight completed cards. Patients were generally positive about the practice staff, their experiences, and the care and treatment they received.

We have rated Drs Pearce and Trenholm as **Good** overall.

We have rated Drs Pearce and Trenholm as **Requires Improvement** for providing effective services and **Requires Improvement** for the two population groups which includes people with long term conditions and People experiencing poor mental health (including people with dementia) because:

- Quality and Outcomes Framework (QoF) clinical indicators were below local and national averages for people with long-term conditions, and people experiencing poor mental health (including people with dementia). Exception reporting was also below local and national averages for these indicators.
- The practice participated in national health priority schemes and initiatives to improve the population's health. However, there were variations in the uptake of national screening programmes. The practice demonstrated awareness of this and were taking some action to improve the uptake of cervical screening.

We have rated Drs Pearce and Trenholm as **Good** for providing safe and well led services, and **Good** for all population groups other than the two population groups which includes people with long term conditions and people experiencing poor mental health (including people with dementia) because:

- At this inspection, we found all the areas of concern from the last inspection had been addressed and improved.
- We found the practice had successfully coped with a significant change and re-organisation of the management team.
- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to deliver effective care, support and treatment.
- Staff worked together and with other organisations to deliver effective care and treatment.
- There was compassionate, inclusive and effective leadership at all levels. This included working with and supporting the practice Patient Participation group (PPG).

# Overall summary

- The practice had a clear vision and set of values that prioritised quality and sustainability.
- The practice had a culture that drove high quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were processes for managing risks, issues and performance.

Although we did not find any breaches of regulation at this inspection, we did see some areas where the provider should make improvements. These are:

- Continue monitoring the uptake of cervical screening in line with national guidance.

- Continue monitoring exception reporting and associated performance data to support patients with long term conditions and those experiencing poor mental health (including people with dementia).
- Continue implementing the changes identified within the practice business plan.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

## Background to Drs Pearce and Trenholm

Drs Pearce and Trenholm, also known as Springmead Surgery is located at Summerfields Road, Chard, Somerset, TA20 2EW. It is within the Somerset local authority and is one of 65 practices serving the NHS Somerset Clinical Commissioning Group (CCG) area.

The practice is in a purpose-built building, in a residential area and with good parking on site, where it has been since 1991.

All services and facilities, including the reception desk, waiting areas, consulting and treatment rooms, non-clinical support and management offices are located on the ground floor.

Since the last inspection and the various issues identified at that time, changes have been made to the operational, financial and managerial aspects of the practice. This included changes within the management and staffing of the practice, covering both clinical and non-clinical areas. Some of these were previously planned whilst others were required as part of the recovery plan put in place to address the issues identified. Whilst there was still further work required, it was noted the practice had made significant improvements whilst introducing change and re-organisation.

Drs Pearce and Trenholm provides general medical services to approximately 5,700 patients and is part of the Chard, Langport, Ilminster & Crewkerne (CLICK) Primary

Care Network (PCN). PCNs are a key part of the NHS Long Term Plan, with general practices being a part of a network, typically covering 30,000-50,000 patients. These networks then provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

The practice has a lower proportion of registered patients (53.2%) who are of working age when compared to the CCG and national averages of 56.58% and 62% respectively. It has a higher percentage (29.1%) of elderly patients over 65 years of age when compared to the CCG and national averages of 24.4% and 17.4% respectively.

Information published by Public Health England rates the level of deprivation within the practice population group as sixth on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice partners are contracted to provide General Medical Services (GMS). They are also registered with the CQC for the following regulated activities: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

There are two GP Partners (one male and one female) and they are supported by two male salaried GPs, an Emergency Care Practitioner, two Practice Nurses, a

Trainee Nursing Associate and two Healthcare Assistants (HCAs). The practice patients also benefited from the work provided by a Clinical Pharmacist and a Social Prescriber.

Emergency Care Practitioners generally come from a background in paramedicine and most have enhanced skills in medical assessment and extra clinical skills over and above those of a qualified nurse.

Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

For non-clinical activities, the Partners are supported by an Operations Manager, a Business Manager, a Reception Manager and ten additional administrative, secretarial and reception staff.

Out of hour's services are not provided as these are provided by 111 whose contact details are available in the practice and on the website.