

# Feldon Lane Practice

## Quality Report

Feldon Lane Surgery  
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Date of inspection visit: 16 March 2017  
Date of publication: 21/04/2017

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

Are services well-led?

**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 visit of Feldon Lane Practice in May 2016. As a result of our comprehensive inspection a breach of legal requirements were found and the practice was rated as requires improvements for providing well-led services. This was because we identified areas where the provider must make improvement and an area where the provider should improve.

We carried out a focussed desk based inspection of Feldon Lane Practice on 16 March 2017 to check that the provider had made improvements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Feldon Lane Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Our key findings across all the areas we inspected were as follows:

- As part of our desk based inspection we noted improvements in the practices arrangements for risk management and record keeping. For example, during our previous inspection in May 2016 we identified gaps in the practices arrangements for formally assessing and managing risks associated with chaperoning and working alone.

- As part of our desk based inspection the practice provided evidence to confirm that all staff acting as chaperones had received a disclosure and barring (DBS) check; this included clinical and non-clinical staff. We also saw that risks associated with lone working had been formally assessed and was appropriately managed to support staff safety.
- We saw that record keeping had improved with regards to infection control and clear records were kept to demonstrate that medical equipment was regularly cleaned in line with infection control guidelines.
- During our inspection in May 2016 we found that the practice had not reviewed their results from the national GP patient survey. Most recently we found that the practice had since focussed on areas for improvement following publications of the national GP patient survey and a comparison of the surveys published in January and July 2016 highlighted some improvement to access.

**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 well-led?**

The practice is rated as good for providing well-led services.

Good



- When we inspected the practice in May 2016, we found that some staff we spoke with during our inspection were not familiar with what the practice's vision was. Evidence provided as part of our desk based inspection highlighted that the practice's shared purpose had been reiterated with staff and displayed throughout both surgeries to promote the overall vision of the practice.
- During our previous inspection we found that the risk of lone working was not assessed to cover periods when staff worked alone. As part of our desk based inspection we saw evidence to support that risk was formally assessed and monitored and additional information indicated that staff rarely worked alone at the practice.
- During our previous inspection in May 2016 we identified gaps in the practice's arrangements for formally assessing and managing risks associated with chaperoning; specifically in the absence of disclosure and barring checks (DBS checks) for non-clinical staff. 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.
- As part of our desk based inspection the practice provided evidence to confirm that all non-clinical staff acting as chaperones had received a DBS check.
- During our previous inspection we did not see records to reflect the cleaning of specific medical equipment, such as the equipment used for ear irrigation. As part of our desk based inspection the practice provided records to clearly demonstrate that medical equipment was regularly cleaned; this included the equipment used for ear irrigation.
- During our inspection in May 2016 we found that the practice had not reviewed their results from the national GP patient survey; which had been published in January 2016. Most recently we found that the practice had since focussed on areas for improvement following publications of the national GP patient survey.

# Feldon Lane Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

## Background to Felton Lane Practice

Feldon Lane Practice is a long established practice located in the Halesowen area of the West Midlands. There are two surgery locations that form the practice; these consist of the main practice at Felton Lane Surgery and a branch practice at Hawne Lane Surgery. There are approximately 9200 patients of various ages registered and cared for across the practice and as the practice has one patient list, patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites.

A desk top review inspection has been completed for both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team consists of three GP partners including a senior partner and three salaried GPs. The practice nurse team included four practice nurses and a health care

assistant. The GP partners and the practice manager form the practice management team and they are supported by a team staff that cover reception, administration and secretarial duties.

Feldon Lane practice is open between 8am and 6:30pm on weekdays except for Wednesdays when the practice closes at 2:30pm. Hawne Lane practice is open between 8am and 6:30pm on weekdays except for Thursdays when the practice closes at 2:30pm. There is a GP on call during the afternoons when appointments are closed.

During the mornings the practice offers an open access service, where patients are guaranteed an appointment through the walk in and wait service; this service is operational from 8am with last attendance time at 10:30am. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We carried out a focussed desk based inspection 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 had made improvements identified during the comprehensive inspection carried out in May 2016.

## How we carried out this inspection

We undertook a focussed desk based inspection on 16 March 2017. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# 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 participated in the enhanced primary care development programme with the support from their local clinical commissioning group (CCG). The programme resulted in the development of a new practice vision and value statement, following discussions and input from staff and members of the practice's patient participation group (PPG). When we inspected the practice in May 2016, we found that some staff we spoke with during our inspection were not familiar with what the practice's vision was.

However, as part of our desk based inspection the practice shared information and supporting evidence which highlighted that staff were reminded of the new vision and value statement shortly after our previous inspection. Additionally, the practice's shared purpose had been displayed throughout both surgeries outlining the overall vision of the practice. We saw evidence of the posters displayed which described a holistic shared purpose, with a vision to protect the practice and its stakeholders from future challenges. This was also promoted on the practice leaflet which was additionally available on the practice website.

### Governance arrangements

When we inspected the practice in May 2016, we did not see evidence to demonstrate that risk was formally assessed in the absence of disclosure and barring checks (DBS checks) for members of the practice team who provided a chaperone service. 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.

- As part of our desk based inspection the practice provided evidence to confirm that all non-clinical staff acting as chaperones had received a DBS check; including two new staff members employed since our previous inspection.
- We also saw additional evidence to assure us that all clinical staff members had DBS checks in place.
- To support this process, the practice had comprehensive policies in place outlining chaperoning

guidelines, as well as a DBS risk assessment protocol; this supported the practice when assessing the need to complete DBS checks. We saw records of these policies during our desk based inspection.

During our previous inspection we observed the premises to be clean and tidy. Although we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice, we did not see records to reflect the cleaning of specific medical equipment, such as the equipment used for ear irrigation. As part of our desk based inspection the practice provided records to clearly demonstrate that medical equipment was regularly cleaned; this included the equipment used for ear irrigation. The information provided also highlighted how the practice had improved their systems for monitoring cleaning and had started to conduct a monthly check of cleaning records to identify any anomalies and act on areas for improvement where needed.

On the day of our previous inspection we found that the risk of lone working was not assessed to cover periods when staff worked alone. Shortly after our inspection took place members of the management team assured us that risk was assessed however, we did not see evidence to support this. We did however receive further evidence as part of our desk based inspection. Records viewed supported that the practice continually assessed and managed risks. For example:

- The practice highlighted that since our previous inspection amendments to their receptionist's rotas had been made to avoid receptionists working alone.
- We saw that a formal risk assessment was in place to cover the exceptional occurrence of lone working (such as unexpected sickness). Risk was highlighted as low and we noted that risk was managed and continually monitored with effective control measures in place.
- We also saw records of the practice's lone worker policy and evidence of lone working disclaimers signed by GPs for when they carried out home visits.
- We also saw records of a sign off sheet completed by practice staff to confirm that they had read the staff handbook and were aware of how to access practice policies, protocols and guidelines.

### Seeking and acting on feedback from patients and the public

# Are services well-led?

Good 

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

During our inspection in May 2016 we found that the practice had not reviewed their results from the national GP patient survey; which had been published in January 2016. Previously, survey results were below average for areas relating to appointment waiting times and opening hours. There was no evidence provided during our previous inspection to demonstrate that the practice was working towards the areas identified for improvement, as a result of the national GP patient survey.

As part of our desk based inspection the practice shared information outlining how they had since focussed on areas for improvement following publications of the national GP patient survey, for example:

- The practice had started to dedicate time for telephone consultation appointments each morning, for patients who requested these. Practice information indicated that the telephone consultation service was becoming popular with patients.
- The practice also focussed on easing patient access to appointments by promoting online appointment access and easing any telephone traffic. Practice data indicated that 75% of the practice's GP appointments were being booked through the online booking system.

- Additionally, the practice offered Saturday morning appointments during the winter periods to help with winter pressures.
- The practice actively audited their booked appointments and found that for booked appointments, patients rarely waited longer than 15 minutes. During the mornings the practice offered an open access service, where patients are guaranteed an appointment through the walk in and wait service. Therefore, sometimes patients may need to wait longer than 15 minutes but they are guaranteed to be seen by a clinician.

We saw some improvements in survey responses when comparing results from the national GP patient surveys published in January 2016 and July 2016. For example, the survey publication for January 2016 indicated that 73% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%. The July 2016 survey results showed that 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.