

The Southgate Surgery

Quality Report

The Surgery
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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 effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at The Southgate Surgery on Wednesday 14 December 2016. We found the practice to be good for providing an effective service and is rated as good overall.

We had previously conducted an announced comprehensive inspection of the practice on 21 October 2015. As a result of our findings during the visit, the practice was rated as good for being safe, caring, responsive and well led and requires improvement for being effective, which resulted in a rating of good overall. We found that the provider had breached one regulation of the Health and Social Care Act 2008; in relation to Regulation 18(2)(a), a number of staff had not received a regular appraisal of their performance in their role from an appropriately skilled and experienced person. Learning and development needs had not been fully identified.

The practice wrote to us to tell us what they would do to make improvements and meet the legal requirement. We undertook this focussed inspection to check that the practice had followed their plan, and to confirm that they had met the legal requirement identified.

This report only covers our findings in relation to those areas where requirements had not been met. You can

read the report from our last comprehensive inspection by selecting the 'all reports' link for The Southgate Surgery on our website at <http://www.cqc.org.uk/location/1-2794187929>.

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

- Arrangements for staff appraisal were in place. All staff working at the practice had received a recent appraisal that had identified learning and development needs.
- A training matrix had been developed to ensure that all practice staff kept up to date with all training.
- The lead for infection control had received appropriate training commensurate to the role of lead.
- A review of arrangements for the control of substances hazardous to health (COSHH) had been undertaken including a risk assessment.
- The practice were continuing to develop its strategy and plans around the enhancement of services and facilities to support the growing patient population.
- Arrangements were in place to identify, record and manage risks and actions to mitigate risks were being recorded.

Summary of findings

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 effective?

The practice is rated as good for providing effective services.

- The practice had reviewed its staff appraisal system. All staff working at the practice had received a recent appraisal that had identified learning and development needs.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this affected the rating for the population groups we inspect against.

Good



The Southgate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out an announced focussed inspection of this service on 14 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was because the service was not meeting some legal requirements during our previous visit on 21 October 2015.

The inspection was conducted to check that improvements planned by the practice to meet legal requirements had been made.

How we carried out this inspection

During our announced, focused inspection on 14 December 2016, we reviewed a range of information provided by the practice and spoke with the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

In October 2015 we looked at arrangements for staff appraisal at the practice. We found that the learning needs of staff were not fully identified through a system of appraisal, meetings and reviews of practice development needs. Staff received ongoing support during informal one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. However, although clinical staff had all been appraised; not all non-clinical staff had received an annual appraisal in the last 12 months. We saw two completed appraisals out of eight staff members. We spoke to the practice manager who advised that a new appraisal programme was underway such that all non-clinical staff would receive an appraisal by the end of the financial year.

At this inspection we found that a staff appraisal system had been put in place alongside a staff training matrix to ensure that all staff had their learning needs identified, planned and supported. We found that all required eleven appraisals had taken place within the last twelve months and two newly appointed staff had their appraisal scheduled at the appropriate interval. Appraisals reflected periodic supervision and competency assessments and identified a range of training and support to enable staff to perform their roles to the best of their ability. The practice manager told us that the training matrix had helped to ensure that all staff training was kept up to date and that the practice management team were continually looking to improve the system of training and appraisal in line with latest good practice. The practice demonstrated that the support and appraisal system for staff was effective. We noted that the practice was planning to become a Dementia friendly practice and were due to undertake staff training in January 2017.