

New Longton Surgery

Quality Report

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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 a focused desk-based review of New Longton Surgery on 1 December 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the December 2016 inspection can be found on our website at

<http://www.cqc.org.uk/location/1-550153462>

This inspection was a desk-based review carried out on 7 July 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 review in December 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings were as follows:

- At the review in December 2016 we found that the practice did not provide any evidence regarding the retention of recruitment documents, to assure us that they were following their recruitment policy. At this desk-based review we saw that the practice had

amended their recruitment policy and had retained interview notes for a new salaried GP employed by the practice in March 2017. We also saw evidence that two references for the GP had been sought and retained.

- At our previous review, the practice was unable to provide us with evidence that portable appliance and electrical safety (PAT) checks had been carried out on all equipment. For this inspection, the practice provided evidence to show that PAT testing had been carried out in November 2015 and November 2016.
- At the inspection in December 2016 we saw that the risk assessment provided for administrative staff acting as chaperones did not reflect current GMC or CQC guidance and referred to cost as an issue for not conducting Disclosure and Barring Service (DBS) checks. (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). At this inspection, we saw that the practice had amended their chaperone policy and applied for DBS checks for staff acting as chaperones and we were sent copies of these.
- We saw in December 2016 that there was no evidence of clinical audit of clinical care to demonstrate continual improvement in clinical care. For this

Summary of findings

inspection, the practice supplied us evidence of an audit conducted in January 2017 of the care and treatment of diabetic patients with chronic kidney disease.

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?

The practice is rated as good for providing safe services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in December 2016.

Evidence supplied included:

- A copy of the new practice recruitment policy that indicated that interview notes would be retained in accordance with recommended best practice.
- Copies of two references and interview notes for a newly-recruited salaried GP.
- Copies of portable appliance test (PAT) certificates dated November 2015 and November 2016.
- A copy of the practice policy for the use of chaperones in the practice and copies of Disclosure and Barring Service (DBS) checks that had been received for staff acting as chaperones. (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)
- A copy of a clinical audit of diabetic patients with chronic kidney disease.

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 provider had resolved the concerns for safety identified at our inspection on 1 December 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-550153462>

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 1 December 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-550153462>

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 1 December 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-550153462>

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 1 December 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-550153462>

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 1 December 2016 which applied to everyone using this practice, including this population group. The overall

Good



Summary of findings

population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-550153462>

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 1 December 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-550153462>

Good



New Longton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to New Longton Surgery

New Longton Surgery is a small practice in the residential area of New Longton, on the outskirts of Preston. It provides primary medical care for a list size of 1,655 patients. The patient population of the practice contains a higher proportion of older people than is the average across England (29% are aged over 65 years, compared to the national average of 17%, and 12% are aged over 75 years compared to the national average of 8%). Conversely, there are a lower proportion of younger patients in the practice population; 4% are aged between 0 and 4 years (compared to the national average of 6%) and 10% are aged between 5 and 14 (compared to the national average of 11%).

The practice is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a General Medical Services (GMS) Contract.

The staff team is made up of two partner GPs (one male and one female) and a female salaried GP. The GPs are supported by a practice nurse. Non clinical staff include a practice manager and three reception and administration staff. The practice manager also undertakes the responsibility of medicines coordinator.

Information published by Public Health England rates the level of deprivation within the practice population group as

ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The proportion of the practice's patient population who are unemployed is 2%. This is lower than the national average of 6%. The number of disability allowance claimants (per 1000) on the practice's patient list is 36, compared to the national average of 50. The practice population has a slightly lower proportion of patients suffering with a long-standing health condition than is the average nationally; 48% compared to 54%.

The practice is open between 8:00am until 6:30pm Monday to Friday, except for Thursdays when the opening hours are 8:00am until 1:00pm. Appointments with the GPs are available between 9:00am to 11:30am and 3:30pm to 5:00pm on weekdays other than Thursday, where appointments run between 9:00am and 11:30am. The practice also offers extended opening on a Sunday morning between 8:00am and 11:00am. The practice nurse works for 10 hours per week split between Mondays and Fridays. A phlebotomist (provided by an external NHS Trust) runs a three-hour weekly clinic in the practice on a Wednesday morning. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc.

Why we carried out this inspection

We carried out a focused, desk-based inspection at New Longton Surgery on 1 December 2016. The overall rating for the practice was good with the key question of safe rated as requires improvement. The full comprehensive report on the December 2016 inspection can be found by on our website at <http://www.cqc.org.uk/location/1-550153462>

Detailed findings

We undertook a follow up desk-based focused inspection of New Longton Surgery on 7 July 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 desk-based focused inspection of New Longton Surgery on 7 July 2017. This involved reviewing evidence that:

- The practice had followed its recruitment policy in the recruitment of new staff.
- There had been portable appliance safety checks carried out for all electrical equipment.
- The policy for risk assessment of administrative staff carrying out chaperone duties in the practice reflected current General Medical Council (GMC) or Care Quality Commission (CQC) guidance and that those staff had received Disclosure and Barring Service (DBS) checks. (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).
- The practice had undertaken quality improvement work to demonstrate continual improvements in clinical care.

Are services safe?

Our findings

At our previous review on 1 December 2016, we rated the practice as requires improvement for providing safe services as the practice could not provide evidence that governance arrangements were adequate:

- The practice had not provided evidence regarding retention of recruitment documents to assure us that they were following their recruitment policy.
- There was no evidence supplied to show that some potential risks to staff and patients had been addressed appropriately. There was no evidence submitted to show that portable electrical equipment safety checks had been undertaken for all electrical equipment in the practice.
- The risk assessment provided for administrative staff acting as chaperones did not reflect current best practice guidelines and referred to cost as an issue for not conducting a Disclosure and Barring Service (DBS) check. (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).

These arrangements had improved when we undertook a follow up inspection on 7 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- The practice had a comprehensive policy for the use of chaperones in the practice that reflected best practice. Staff acting as chaperones had received a DBS check.
- The practice recruitment policy was comprehensive and there was evidence that the practice were following this policy. We saw that two references had been obtained for the recruitment of a new salaried GP in March 2017 and that interview notes had been retained.

Monitoring risks to patients

- The practice provided us with evidence that electrical portable appliance testing had been carried out in November 2015 and again in November 2016.
- The practice had carried out an audit of diabetic patients with chronic kidney disease. They had identified patients who were in need of further review and carried out the recommended actions. They told us that they would repeat this audit after a suitable period of time.