

Dr de Lusignan and Partners

Quality Report

Woodbridge Hill Surgery
1 Deerbarn Road
Guildford
Surrey
GU2 8YB
Tel: 01483 573194
Website: www.woodbridgehillsurgery.co.uk

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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	
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 comprehensive inspection at Dr de Lusignan and Partners on 5 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr de Lusignan and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 5 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 inspection on 5 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The required recruitment checks were in place for newly recruited staff. Staff specific inductions were in place.
- Staff had completed training required by the practice including safeguarding vulnerable adults and children, fire safety, infection control and the Mental Capacity Act 2005.
- The practice manager completed a training spreadsheet that recorded staff training dates and this was used to highlight when training needed to be refreshed.
- Equipment had been PAT tested and clinical equipment had been calibrated. There was a system in place for recording when clinical equipment needed to be calibrated. Dates were recorded onto an electronic diary to ensure that annual testing was completed in a timely fashion.

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?

At our previous inspection on 5 April 2016 the practice had been rated as requires improvement for providing safe services. We found the provider had failed to ensure that staff had completed all required mandatory training, appropriate recruitment checks were not in place and the practice did not have an adequate monitoring of when clinical equipment needed to be calibrated.

At this inspection, in July 2017, we found

- The required recruitment checks were in place for newly recruited staff.
- Staff specific inductions were in place.
- Staff had completed training required by the practice including safeguarding vulnerable adults and children, fire safety, infection control and the Mental Capacity Act 2005.
- The practice manager completed a training spreadsheet that recorded staff training dates and this was used to highlight when training needed to be refreshed.
- Equipment had been PAT tested and clinical equipment has been calibrated. There were systems in place for recording when clinical equipment needed to be calibrated. Dates were recorded onto an electronic diary to ensure that annual testing was completed in a timely fashion.

Good



Are services effective?

At our previous inspection on 5 April 2016 the practice had been rated as requires improvement for providing effective services. We found the provider had failed to ensure that staff had completed training for the Mental Capacity Act 2005.

At this inspection, in July 2017, we found

- All staff had completed the required training for the Mental Capacity Act 2005.

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 found for the safe and effective domains identified at our inspection on 5 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns found for the safe and effective domains identified at our inspection on 5 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns found for the safe and effective domains identified at our inspection on 5 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns found for the safe and effective domains identified at our inspection on 5 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns found for the safe and effective domains identified at our inspection on 5 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns found for the safe and effective domains identified at our inspection on 5 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr de Lusignan and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC Inspector.

Background to Dr de Lusignan and Partners

Dr de Lusignan and Partners is situated in Guildford, it is also known as Woodbridge Hill Surgery. The practice is located in a two storey property, which is owned by the partners. At the time of our inspection there were approximately 11,600 patients on the practice list. This is a teaching practice and takes medical students.

The practice has four GP partners and five salaried GPs (three male and six female), three nurses, a phlebotomist, a practice manager, reception and administration staff.

The practice is open between 8.15am and 6.00pm Monday to Friday. Extended hours surgeries are offered until 8.00pm Wednesday. Patients requiring a GP outside of normal hours are advised to call NHS111 where they will be given advice or redirected to the most appropriate out of hours service. The practice has a General Medical Services (GMS) contract and offers enhanced services for example; various immunisation schemes.

The service is provided at the following location:-

Woodbridge Hill Surgery, 1 Deerbarn Road, Guildford, Surrey, GU2 8YB

The practice population has a slightly higher than average number of patients aged 25 to 49 years and a slightly lower than average number of younger patients from birth to four

years and patients 55 years or older. It also has a higher than average percentage of patients with long standing health conditions which could mean an increased demand for GP services. The practice is located in one of the ten most deprived areas in Surrey, but overall is considered to be an area of low deprivation when compared nationally. However the practice does provide services to one of the most deprived wards in the country.

The practice is a member of the Royal College of General Practitioners Research and Surveillance Centre. This means they are an active research and surveillance unit which collects and monitors data, in particular influenza and other diseases, and monitors vaccine effectiveness.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr de Lusignan and Partners on 5 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on April 2016 can be found by selecting the 'all reports' link for Dr de Lusignan and Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr de Lusignan and Partners on 5 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.

Detailed findings

How we carried out this inspection

We carried out a follow up focused inspection of Dr de Lusignan and Partners on 5 July 2017. This involved reviewing evidence during our visit that:

- The required recruitment checks were in place for newly recruited staff.
- Staff had completed all required training.
- There was a system in place for recording when clinical equipment needed to be calibrated.

Are services safe?

Our findings

At our previous inspection on 5 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of having a system for the monitoring of when clinical equipment needed to be calibrated, training for fire safety, infection control and safeguarding for both vulnerable adult and children and appropriate recruitment checks were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had reviewed staff training and any staff who had outstanding training had completed this in a timely fashion. We reviewed the practice's training log and training certificates and saw that staff had completed all training required by the practice. This included infection control, safeguarding vulnerable adults and children to the level required for their job role and fire safety training. We spoke with a staff member who was a fire marshal who told us that the fire marshals had additional training which had been provided by an external company. We were able to review certificates of this training.

A new recruitment checklist had been created which listed all the required recruitment checks. We saw this was present in the recruitment files we reviewed. The check list included the requirement of a full employment history, references and where needed 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). We reviewed the recruitment files for two newly recruited employees and saw these contained all of the required information. We also saw evidence that role specific inductions were being completed and were included in the recruitment files we reviewed.

Monitoring risks to patients

The practice had reviewed the system used for the monitoring of when clinical equipment needed to be calibrated. All clinical equipment was recorded on an excel spreadsheet with the date of the last calibration. The practice manager and a nurse held dates on their electronic calendars and had reminders set. We saw evidence that all equipment had been tested and calibrated in June 2017.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 April 2016, we rated the practice as requires improvement for providing effective services in respect that not all clinical staff had completed training in the Mental Capacity Act 2005.

These arrangements had improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing effective services.

Effective staffing

The practice had reviewed the training needs of all staff and could provide us with evidence of training that had been completed. We reviewed the practices training log and the on line training tool used by the practice, to show completion of training by staff. All staff had completed Mental Capacity Act 2005 training.