

Dr Loach & partners

Quality Report

The Mall
Brading
Sandown
Isle of Wight
PO36 0DE

Tel: 01983 407558

Website: www.beechgrovesurgery.nhs.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



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Dr Loach & partners	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

This inspection was an announced focused inspection carried out on Wednesday 1 February 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 13 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Loach & Partners on our website at www.cqc.org.uk.

Overall the practice is now rated as Good.

At our previous inspection, we found that the practice had not ensured that:

- Following reports of safety incidents, reviews or investigations were thorough, recorded properly, discussed and lessons learned to support improvement were cascaded to the relevant staff.

- Practice policies were up to date such as for safeguarding and Disclosure and Barring Service checks.
- Water temperature checks were completed as recommended by a Legionella risk assessment that had been completed.

Our key findings at the inspection on 1 February 2017 were as follows:

- The practice now ensured that following reports of safety incidents, reviews or investigations are thorough, recorded properly, discussed and lessons learned to support improvement are cascaded to the relevant staff.
- Practice policies such as for safeguarding and Disclosure and Barring Service checks have been reviewed and updated.
- Water temperature checks were completed as recommended by the Legionella risk assessment.

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.

- The practice ensured that following reports of safety incidents, reviews or investigations were thorough, recorded properly, discussed and lessons learned to support improvement were cascaded to the relevant staff.
- Practice policies such as for safeguarding and Disclosure and Barring Service checks had been reviewed and updated.
- Water temperature checks were completed as recommended by the Legionella risk assessment.

Good



Dr Loach & partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Loach & partners

Dr Loach & Partners also known as Beech Grove Surgery is located in converted premises at The Mall, Brading, Sandown, Isle of Wight, PO36 0DE.

This practice has a branch at Lake Surgery, 5 Sandown Rd, Sandown PO36 9JL. During this inspection we did not visit the branch.

Dr Loach & Partners has an NHS General Medical Services contract to provide health services to approximately 5000 patients in and around Brading, and surrounding area. The practice covers a mixed urban rural population and has a higher than national average for males and females aged 55 years and over.

Older people account for the largest group of registered patients at the practice. The practice identified the needs specific to this group and worked collaboratively with care homes, statutory and voluntary services to support the health and wellbeing of older people to meet a range of health and social needs. The practice is placed in the fifth least deprived level of deprivation.

The practice had car parking at the side of the building. There were consulting and treatment rooms on the ground floor. The waiting areas were clean and tidy and displayed a range of patient information boards and leaflets.

The practice has three GP partners, two male and one female. The practice has three practice nurses and one healthcare assistant.

The clinical team are supported by a practice manager and a team of seven receptionists and administration support staff.

The practice is open Monday to Friday 8:00am to 6:30pm and operates extended hours clinics on Tuesday evenings until 7.30pm and on Saturdays from 8am to 11am by appointment only. Phone lines are open from 8.30am to 6.30pm Monday to Friday (excluding public holidays). The practice closes for lunch between 1pm and 2pm but phone lines remain open.

Same day appointments can be booked at any time from 8.30am on the day patients need the appointment for.

Urgent appointments were also available for patients who needed them. Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking for appointments and requesting prescriptions.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Loach & Partners on 13 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 for Safe services.

We undertook a follow up focused inspection of Dr Loach & Partners on 1 February 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

During our visit we:

- Spoke with a range of staff including GPs, Nurses and the practice manager and received feedback from with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed evidence supplied by the practice to show that they had complied with the requirements notices.
- Looked at information the practice used to deliver care and treatment plans.

The practice also provided us with 34 comment cards completed by patients in the two weeks prior to our visit. All comments were positive about the practice. These included that the practice was a listening practice; staff were always friendly and provided good customer services. A very caring and responsive service to the needs of its patients.

Are services safe?

Our findings

At our previous inspection on 13 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events, Legionella checking and reviewing of policies were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 1 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning.

There was a system in place for reporting and recording significant events, however these were not consistently safe.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The processes for dealing with significant events were explained to us by a GP. We were shown a new template that had been brought in since our last inspection for recording significant events. The template gave details of the date of the event and description. Dates of meetings when events were discussed, including a list of attendees; what went well and what could have been done better. There was also information on what the root causes of the incident were and what the learning outcomes were. The template also highlighted the changes agreed to try and prevent a similar incident happening again. For example, we saw details of a significant event regarding a delay in issuing a prescription request from a consultant, which resulted in delay for an operation for a child. The event was discussed at a whole team meeting as well as notifying all staff by email the necessary changes needed to practice workflows to ensure that this did not happen again.
- The preferred method of involving staff was by discussions with individuals and the whole team. Although this was backed up by "round robin" emails.
- We saw details of seven significant events that had been reported since our last visit. All GPs were reporting these and significant events were being discussed at team meetings. The practice manager kept a record of all discussions. The practice informed patients when something had gone wrong and they were updated about any investigation.

Overview of safety systems and processes.

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three for children and had received vulnerable adult training. Since our last inspection the safeguarding policies had been reviewed and now were clear on the processes to be followed and contained a review date and author. The lead for adult safeguarding was now named in the policy and we saw that these details were displayed in various parts of the practice for staff to refer to. The practice manager told us they had recently had to update all contact numbers for other agencies on the Isle of Wight.

A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role. The practice had reviewed and updated its chaperone and disclosure and barring policies and now ensured that all staff were in the process of or had received a Disclosure and Barring Service check (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.

Monitoring risks to patients.

- We were told that the practice had commenced a contract with a company specialising in monitoring risks to patients.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy which had been updated with a poster in the office which identified local health and safety representatives. The practice had up to date fire

Are services safe?

risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also saw that the practice had completed a new business continuity plan. The Disaster Handling and Business Recovery Plan was intended to help the

practice overcome any unexpected disaster to its premises, key personnel or interruptions to any important systems that it relied upon in its day to day operations.

- The practice had completed a legionella risk assessment and we saw water temperature checking records had been completed monthly since July 2016. The records showed that the temperatures were within the required ranges. The practice had also completed checks of infrequently used water outlets and had tested the water tanks in the building in October 2016.