

Tudor Lodge 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 

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 unannounced comprehensive inspection of this practice on 11 February 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. 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 Tudor Lodge Surgery on our website at www.cqc.org.uk.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services well-led?

The practice is rated as good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had systems in place for knowing about notifiable safety incidents.

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

At our previous comprehensive inspection on 11 February 2015 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 27 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People with long term conditions

At our previous comprehensive inspection on 11 February 2015 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 27 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



Families, children and young people

At our previous comprehensive inspection on 11 February 2015 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 27 October 2016, the practice provided records and information to demonstrate that the

Good



Summary of findings

legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

At our previous comprehensive inspection on 11 February 2015 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 27 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People whose circumstances may make them vulnerable

At our previous comprehensive inspection on 11 February 2015 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 27 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People experiencing poor mental health (including people with dementia)

At our previous comprehensive inspection on 11 February 2015 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Good



Summary of findings

for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 27 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Tudor Lodge Surgery

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 Tudor Lodge Surgery

Tudor Lodge Surgery is situated in the town of Weston Super Mare, Somerset. The practice had approximately 10,250 registered patients. The practice provides care and support to patients residing in nursing and care homes in the area. Based on information from NHS England, we found that 2.6% of patients registered at the practice lived in nursing homes.

The practice is located in converted premises over two levels. There is a central patient waiting and reception area with 12 consulting rooms, two of which serve as treatment rooms, accessible from this area.

The practice is on a primary medical service contract with North Somerset Clinical Commissioning Group.

Tudor Lodge Surgery is only provided from one location:

Tudor Lodge Surgery

3 Nithsdale Road

Weston Super Mare

Somerset

BS23 4JP

The practice supported patients from all of the population groups such as older people, people with long-term

conditions, mothers, babies, children and young people, working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health.

Over 35% of patients registered with the practice were working aged from 15 to 44 years, 27.3% were aged from 45 to 64 years old. Just above 13% were over 65 years old. Around 7.6% of the practice patients were 75-84 years old and just under 3.15% of patients were over 85 years old. Just below 15% patients were less than 14 years of age. Information from NHS England showed that 56% of the patients had long standing health conditions, which was above the national average of 54%. The percentage of patients who had caring responsibilities was just under 18% which is similar the national average of 18.5%. Of the working population just below 2% were unemployed which is below the national average of 6.3%.

The practice consisted of four GP partners who employed four salaried GPs and supported one GP trainee. Of these nine GPs there was one male and eight female GPs, one currently being on maternity leave. The practice was a training practice with up to two GP trainees at any one time. There was a nurse prescriber, two practice nurses and two health care assistants all of whom provided health screening and treatment five days a week. There were additional clinics implemented when required to meet patient's needs such as the undertaking of influenza vaccinations.

The practice was open between the hours of 8.00am to 6.30pm Monday to Friday; the practice offered extended hours on Wednesday and opened from 7.00am for Tudor Lodge Surgery pre-booked appointments. The practice referred patients to another provider BrisDoc and NHS 111 for an out of hour's service to deal with any urgent patient needs when the practice was closed.

Detailed findings

Why we carried out this inspection

We undertook an announced focused inspection of Tudor Lodge Surgery on 27 October 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11 February 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well-led. This is because the service was not meeting some legal requirements.

How we carried out this inspection

Before visiting, the provider confirmed they had completed the actions which they had outlined in their action plan. During our visit we spoke with the practice manager, a practice nurse, the registered manager and a GP partner. The processes, records and documents we reviewed demonstrated how they had addressed the breaches of regulations identified during the comprehensive inspection in February 2015.

Are services safe?

Our findings

At our last inspection undertaken on 11 February 2015 the practice was rated as requiring improvement for providing safe services as there were areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice was responsive to concerns but there was not a regular programme of meetings for review of significant events and safeguarding concerns. The systems and planning for the management of unforeseen circumstances, dealing with emergencies had not been implemented fully.

At this focussed inspection we found improvements had been made:-

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people 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 clearly 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. Since our last inspection training has taken place and we found that now all GPs were trained to Safeguarding level 3, for children.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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).
- The practice had implemented a recorded induction training programme for all staff with covered the fundamentals of employment at the practice and included role specific information tailored to the individual staff. We were told this was continually under review to ensure that staff received appropriate support when they commenced working at the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice, since our last inspection had implemented fully a system of management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). There was routine testing of water temperatures at the practice. We saw that a legionella risk assessment had been carried out in February 2015 by an external contractor who identified there may be a possible risk of legionella. The external contractor recommended that water tanks and boiler be replaced. The practice manager confirmed to us that the water tanks had been decommissioned and the boiler replaced as part of the practice business plan.
- The practice had a fire risk assessment. We found at the last inspection that staff were not practising regular fire

Are services safe?

drills and had not been provided with appropriate annual training. We were told that annual fire training was by e learning, some staff told us they had not completed this. At this inspection we spoke with one of the fire marshals for the practice, we looked at the fire log book and training records. We found that all staff had completed fire safety training and the practice had reviewed and updated their fire safety policy in September 2015. As a result of the training and raised awareness of staff responsibility an improved fire evacuation process had been introduced, tested and found to be effective. Records of fire equipment and systems testing showed that these were completed as required.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and since our last inspection a new system of audit trail had been introduced and now there were systems in place to monitor their use and provide additional security.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire 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 also 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services well-led?

Good 

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

Our findings

At our last inspection undertaken on 11 February 2015 the practice was rated as requiring improvement for being well-led. We found it had a vision and a strategy and there was a documented leadership structure. Staff felt supported by management and they were sure who to approach with issues. The practice had a number of policies and procedures to govern activity, but some of these were overdue for a review. There were gaps in governance meetings and systems. All staff had received inductions but not all staff had received regular performance reviews. Meetings in regard to decision making and events were not always recorded.

At this focussed inspection we found improvements had been made:-

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Meetings in regard to decision making and events were now recorded. Staff told us that this was essential for maintaining clear and accurate records of the discussions and actions agreed.
- Practice specific policies were implemented and were available to all staff and since our last inspection these had been reviewed to ensure they contained accurate information.
- A programme of continuous clinical and internal audit has been introduced and implemented and was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings and we found that since our last inspection the recording of these meetings had improved and minutes of the decision making processes were in place.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us there was good team work at the practice with all staff aware of their individual role and responsibilities. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys

Are services well-led?

Good 

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

and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that since our last inspection the practice had implemented a system of regular performance reviews. Staff we spoke with told us that this provided an opportunity to discuss areas of personal development and share good practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Since our last inspection the practice had employed an additional full time nurse, we were told that this member of the team was in addition to the existing nursing staff team and they had been employed to enable the clinical team to work in a more proactive, rather than reactive approach. The practice had also had, in conjunction with NHSE recruited a community care advisor whose role was to identify vulnerable patients and to support the health and wellbeing of those patients through proactive and preventative measures. We spoke with the community care advisor who spoke with enthusiasm about their role and of the outcomes and benefits for patients in respect of signposting patients to services in line with their assessed needs.