

# Dr A Calow's Practice

## Quality Report

Redlam 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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

The practice was inspected on 16 August 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated 'good' overall. However, within the key questions safe and well-led, areas were identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 17 Good governance.

At the inspection in August 2016 we found that systems and processes in place to manage staff training had not been sufficient to ensure all staff had received safeguarding training appropriate for their role.

There were insufficient systems and processes in place to ensure all clinical staff had appropriate medical indemnity cover in place.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**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 good governance since the inspection carried out in August 2016.

Evidence supplied included copies of risk assessments and evidence to demonstrate all clinical staff had indemnity insurance in place. A Legionella risk assessment had been conducted and information safety sheets had been obtained for all substances used within the practice.

Good



### **Are services effective?**

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in August 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### **Are services caring?**

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in August 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### **Are services responsive to people's needs?**

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in August 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



### **Are services well-led?**

The practice is rated as good for providing well-led 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 good governance since the inspection carried out in August 2016.

Good



# Summary of findings

Evidence supplied included copies of training records to demonstrate that clinical staff had achieved child safeguarding training to level 3. There was evidence to show that clinicians had all completed safeguarding adults training.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered annual health checks to those patients over the age of 75.

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was either higher than or in line with the local and national averages.
- Diabetic patients were referred to training courses to encourage them to self-manage their condition.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had supported a member of the reception team to train as a phlebotomist so blood samples could be taken in house.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the GPs carried out 'virtual' ward rounds twice a year to review the needs of patients resident in a local specialist hospital for patients experiencing difficulties with their mental health. All of these patients were registered at the practice.

# Summary of findings

## What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

# Dr A Calow's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

## Background to Dr A Calow's Practice

Dr A Calow's Practice, also known as Redlam Surgery is situated in the west of Blackburn and occupies two adjoining converted and extended terraced residential properties. There is an entry ramp to facilitate access for those with mobility difficulties and a small number of parking spaces are available, including a designated disabled parking space outside the practice entrance.

The practice delivers primary medical services to a patient population of approximately 5000 patients under a Personal Medical Services (PMS) contract with NHS England. It is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). The average life expectancy of the practice population is in line with the local average and slightly below the national average for males (76 years, as opposed to 79 years nationally). The female life expectancy of 81 years of age is higher than the CCG average (80 years), but lower than the national average of 83 years.

The practice's patient population has a higher proportion of older people, for example 20.1% are over the age of 65 (CCG average being 14.1% and national average 17.1%), 9.9% are over the age of 75 (CCG average 6.2%, national average 7.8%) and 2.9% are older than 85 (CCG

average 1.7%, national average 2.3%). The proportion of the practice's patients with a long standing health condition is 47.6%, compared to the local average of 55.6% and national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by three GP partners (one male and two female) and a male locum GP. In addition there are two practice nurses. Clinical staff are supported by a practice manager and a team of administration and reception staff. One of the receptionists has been trained in phlebotomy. The practice is a teaching and training practice, taking both medical students and trainee GPs.

The practice is open between 8am and 6.30pm Monday to Friday, with appointments available between 9am and 11.30am each morning, and between 3.30pm and 6pm in the afternoons. Extended hours appointments are available on Monday evenings until 7pm.

Outside normal surgery hours, patients are advised to contact the out of hour's service, offered locally by the provider East Lancashire Medical Services.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

At the inspection in August 2016, we found that good governance required improvement. Following the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment.

We reviewed this information and made an assessment of this against the regulations.

## Are services safe?

### Our findings

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 good governance since the inspection carried out in August 2016.

The practice sent evidence to demonstrate that indemnity insurance cover was in place for all clinicians including the practice nurses.

The practice also submitted documentation to demonstrate the risk of legionella had been considered (legionella is a term for a particular bacterium which can

contaminate water systems in buildings). This document showed that a Legionella risk assessment had been carried out by a specialist contractor on 14 September 2016 with no risks identified.

In addition control of substances hazardous to health (COSHH) information leaflets had been obtained for all cleaning materials used in the practice.

The practice manager told us that the system in place for documenting significant events had been reviewed. The practice used a spreadsheet to record such events. GPs dictate the detail; of the event to the secretary who typed up the event and added a review date. All significant events were discussed at the practice meetings and staff meetings.

# Are services effective?

(for example, treatment is effective)

## Our findings

Please note this is a focused desk top review of good governance within the key questions safe and well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website <http://www.cqc.org.uk/search/services/doctors-gps>

## Are services caring?

### Our findings

Please note this is a focused desk top review of good governance within the key questions safe and well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Please note this is a focused desk top review of good governance within the key questions safe and well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services well-led?

Good 

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

## Our findings

The practice is rated as good for providing well-led services.

At the inspection in August 2016 we found infection prevention and control audits were not being carried out in line with the practice policy. There was no evidence to demonstrate that the risk of legionella had been considered and not all staff had completed safeguarding training to the level required for their role.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to good governance since the inspection carried out in August 2016.

Evidence supplied included copies of training records to demonstrate GPs had completed the required level 3 children and adult safeguarding training. The practice manager sent copies of training records and risk assessments for staff employed at the practice. In addition the practice submitted evidence of indemnity insurance cover for the practice nurse.