

Felmores Surgery

Quality Report

Felmores End Basildon Essex SS13 1PN Tel: 01268 728142 Website: www.felmoressurgery.nhs.uk

Date of inspection visit: 6 October 2016 Date of publication: 08/11/2016

Good

Good

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

Are services safe?

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk top review of Felmores Surgery on 6 October 2016. This was to check the practice had addressed areas for improvement highlighted during their earlier announced comprehensive inspection conducted on 8 June 2016. At this inspection the practice was rated as good overall, good for effective, caring, responsive and well led domains. The safe domain was rated as requires improvement.

During our last inspection we found the provider had not undertaken DBS checks for staff undertaking chaperone duties and did not have a risk assessment in place as to why one was unnecessary. The provider was asked to remedy these and a requirement notice for these improvements was issued.

The provider was also advised they should take action in the following areas;

- Ensure the recording, analysis and actions for a significant event are fully documented and learning revisited ensure improvements have been maintained.
- Ensure cleaning schedules can demonstrate the type and frequency of the cleaning required for the rooms and equipment.
- Ensure clinical audits have sufficient narrative to identify learning and how this has been embedded to improve practice.

• Ensure records of discussions, decisions and actions are appropriately documented and shared amongst the practice team. Actions should be revisited to ensure tasks are completed and learning embedded into practice.

After the inspection report was published the provider sent us an action plan that detailed how they would make the necessary improvements. We were then provided with documentary evidence of the improvements they had made. We were able to carry out a desk top inspection without the need to visit the practice.

During this desk top inspection, we reviewed documents that demonstrated that all staff now had appropriate DBS checks in place including those required to undertake chaperone duties. We found their recording, investigation, analysis and sharing of learning had improved and had been documented. They had revised their cleaning schedules and provided a narrative analysis to their clinical data and how it had informed and improved clinical performance.

We were satisfied that the practice had made the required improvements.

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. We found improvements had been made in response to our earlier inspection findings;

- All members of the practice including those undertaking chaperone roles, had undertaken appropriate security checks (DBS).
- The practice had revised and improved their cleaning schedules to reflect actions undertaken.
- Improvements had been made in the documenting, investigation, analysis and dissemination of significant incidents.
- The clinicians revised their clinical audits providing a narrative analysis. This included identifying learning and how they had embedded the changes into practice to improve clinical performance.

Good



Felmores Surgery Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission inspector.

Background to Felmores Surgery

Felmores Surgery is also known as Aryan Medical Centre. It is located in the heart of a housing development. The practice has a branch surgery based in Hoover Drive, Laindon. The practice is a partnership consisting of two male and one female partner. They are supported by a male GP, female practice nurse, reception and administrative staff and overseen by a practice manager.

Felmores Surgery is open between 8.30am to 6.30pm with the exception of Monday when they offer an extended service providing consultations until 8pm. GP appointments were from 8.40am to 1pm and 4pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, routine on the day and urgent appointments were also available for patients that needed them. Nurse appointments were available Monday and Friday 8.30am to 2pm and Wednesday 12.30 to 6.30pm.

The branch surgery opens mornings from Monday to Friday at 9am to 1pm. Nurse appointments are available on Thursday from 9.30am to 1pm. Every alternate Monday the evening clinic alternates between the main and branch surgery from 6.30am to 8pm.

The patient population is approximately 4276. Their patients are more heavily represented amongst the age groups, birth to under 18year olds. With lower than the CCG

and national average of patients over 65 years, over 75 years and over 85 years of age. Male life expectancy is below the CCG and national average. Deprivation levels are high, above both the local and national averages for children and older people.

The practice provides a range of services including, minor surgery, nurse run clinics (asthma, diabetes, heart disease and hypertension), contraception services, child health surveillance travel vaccinations, antenatal and postnatal care.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice had a comprehensive website detailing opening and appointment times. There is health information including signposting to support and specialist services.

The practice has been inspected on two previous occasions in November 2013 and Match 2014. The practice was found compliant with the Health and Social Care Act 2008 in March 2014.

Why we carried out this inspection

We inspected this service to follow up on a requirement made during the comprehensive inspection of the practice on 8 June 2016. We checked whether the necessary improvements had been made.

We carried out a desk top 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

Detailed findings

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.

Are services safe?

Our findings

During our initial inspection of the practice on 8 June 2016 we found not all staff undertaking chaperone duties had been DBS checked. (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).

Since the inspection the practice has had all their staff employed by the practice DBS checked, not just those undertaking chaperone duties.

The practice had also addressed areas where it was suggested the practice should make improvements. For example;

- The practice had revised their cleaning schedules. They ensured they were reflective of actions taken to mitigate risks of infection.
- We reviewed a recent significant incident report from July 2016. This related to a new cancer diagnosis. We saw improvements had been made in the documenting, investigation, analysis and dissemination of significant incidents. Their findings had been discussed and shared with the practice team to inform and improve practice.
- The clinicians revised their clinical audits providing detailed narrative analysis. They highlighted learning and how this had been shared amongst the clinical team to improve clinical practice.