

# Drs Baird, Fowler and Beale

## Quality Report

The Surgery  
Malthouse Meadow  
Portesham  
Dorset  
DT3 4NS

Tel: 01305 871468

Website: [www.porteshamsurgery.co.uk](http://www.porteshamsurgery.co.uk)

Date of inspection visit: 6 September 2016

Date of publication: 12/10/2016

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 effective?

Good



# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Background to Drs Baird, Fowler and Beale	4
Why we carried out this inspection	4
How we carried out this inspection	4

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a focused desktop inspection of Drs Baird, Fowler and Beale on 6 September 2016 to assess whether the practice had made the improvements in providing effective care and services.

We had previously carried out an announced comprehensive inspection at Drs Baird, Fowler and Beale on 9 February 2016 when we rated the practice as good overall. However, the practice was rated as requires improvement for providing effective services. This was because not all role specific competency and training for staff was up to date and not all staff had received an appraisal.

We asked the provider to send a report of the improvements they would make to comply with the regulation they were not meeting at that time. The

practice is now able to demonstrate that they are meeting the regulations. The practice is now rated as good for providing effective care and the overall rating remains as good.

This report should be read in conjunction with the full inspection report dated 31 March 2016.

Our key finding across the area we inspected was as follows:

- Staff training considered mandatory by the practice occurred at regular intervals.
- There was an effective system in place to ensure training was monitored and staff had the skills they needed to perform their roles safely and effectively.
- There was an effective system in place to monitor staff development through regular appraisals, meetings and discussion.

**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 effective?**

**Good**



# Drs Baird, Fowler and Beale

## Detailed findings

### Background to Drs Baird, Fowler and Beale

Drs Baird, Fowler and Beale, also known as Portesham Surgery, is located at The Surgery, Malthouse Meadow, Portesham, Dorset, DT3 4NS.

The practice is based in a rural community and serves patients living around the Bride Valley in West Dorset. The practice provides services under a General Medical Services contract and is part of NHS Dorset Clinical Commissioning Group. The practice has approximately 3000 registered patients. The practice population has a higher proportion of older patients compared to the average for England with a total of 33% being over 65 years of age compared to the national average of 17%. The practice population also has a higher number of patients with a long-standing health condition compared to the national average. A total of 70% of patients registered at the practice have a long-standing health condition compared to the national average of 54%.

The practice has one male GP partner and one female GP partner, who together provide care equivalent to two full time GPs over 12 sessions per week. The GPs are supported by two practice nurses, who together are equivalent to 1.2 full time nurses. The practice has one part-time health care assistant. The clinical team are supported by a management team including secretarial and administrative staff.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments are offered every Tuesday and Thursday between 6.30pm and 7.15pm. Appointments with a GP are available between 9am and 11.30am and again from 4pm to 5pm daily. In addition, an afternoon duty GP does home visits, phone calls and deals

with hospital letters. The practice have opted out of providing out-of-hours services to their own patients and refers them to the Dorset Urgent Care service or local Minor Injuries Units via the NHS 111 service.

The practice offers a range of additional services to patients including antenatal care, midwifery, chiropody and toenail cutting, specialist diabetes clinics, counselling, specialist dietary advice, minor surgery, physiotherapy and cryotherapy. The practice offers online facilities for booking of appointments and for requesting prescriptions.

The practice has an in-house dispensary which caters for patients who need medication, appliances and dressings and who live more than one mile from their nearest pharmacy.

We previously inspected Drs Baird, Fowler and Beale on 9 February 2016. Following this inspection, the practice was given an overall rating of good. The practice was rated as requires improvement for providing effective services. This was because not all role specific competency and training for staff was up to date and not all staff had received an appraisal.

A copy of the report detailing our findings can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we carried out this inspection

We carried out an announced inspection at Drs Baird, Fowler and Beale on 9 February 2016 when we rated the practice as good overall. Specifically the practice was rated as good for providing safe, responsive and well-led care, outstanding for being caring and requires improvement for providing effective services.

# Detailed findings

As a result of the inspection in February 2016, the provider was found to be in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice had not ensured that all staff received regular training, at the frequency specified by the practice, required for their role, such as in infection control, fire safety, health and safety, adult safeguarding and manual handling and moving. This meant the practice could not be reassured that staff were adequately trained to perform the roles they were employed to do.

We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time. We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the regulations included within this report. This report should be read in conjunction with the full inspection report.

## How we carried out this inspection

We have not revisited Drs Baird, Fowler and Beale as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit. We carried out a focused review based on the evidence the practice provided to us.

Following the inspection in February 2016, the provider sent us evidence which demonstrates that an effective system was in place to ensure staff received the training required for them to perform their roles and to ensure staff received regular appraisal and development reviews.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

At our last inspection on 9 February 2016, we found that not all staff received regular training in areas that the practice considered to be mandatory. Five staff had not received infection control training, two staff had not received adult safeguarding training, three staff had not received mental capacity act training, five staff had not undertaken regular training in moving and handling, two staff had not received equality and diversity training and one member of staff had not received fire safety training. Staff had access to and made use of e-learning training modules and in-house training. However, we saw that updates on training were not regularly undertaken by all staff. For example, two staff members had not received health and safety training since 2010 and 2011. This meant the practice could not be assured that all staff were sufficiently trained to perform their duties safely and professionally.

On 26 August 2016 the practice was able to supply evidence to demonstrate they were now complying with the regulation. The practice had an effective system in place to monitor staff training and development. We saw a copy of the practice training policy which had been updated in July 2016. This policy specified what training the practice considered to be mandatory for staff and the frequency with which this should be undertaken. The policy also

outlined the support arrangements in place for staff to complete training. The practice also submitted a copy of the training records for staff. This showed that all staff had now received training in the areas the practice considered to be mandatory. The mandatory training areas completed by all staff were basic life support, equality and diversity, fire safety, health and safety, infection control, manual handling, information governance and child and adult safeguarding. The training records clearly stated when the mandatory training was next due for each member of staff. The practice had also set up a reminder system for each staff member to help ensure training was completed on time. Amendments were also made to the practice disciplinary policy to highlight the importance to staff of completing training.

At our last inspection on 9 February 2016, we found that not all staff received appraisals in a timely way. This meant the practice could not be assured that the learning needs of staff were always identified.

At this inspection on 6 September 2016, the practice submitted records which showed that every member of staff had received an appraisal in the preceding 12 months. The records also contained a log of the actions from each staff appraisal and a date when these would be followed up. The records also indicated when the next appraisal would take place. The practice had also set up a reminder system to ensure timely booking of future appraisal dates.