

Dr C Dahs & Dr IP Humberstone

Quality Report

Cranham Village Surgery
143 Ingrebourne Gardens
Upminster, Essex
RM14 1BJ

Tel: 01708 228888

Website: www.upminsterfamilydoctors.com

Date of inspection visit: 20 December 2016

Date of publication: 27/01/2017

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 effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr C Dahs & Dr IP Humberstone	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

This is a desk top review of evidence supplied by Dr Dr C Dahs and Dr I P Humberstone for areas within the key question Safe. This review was completed on 20 December 2016.

Upon review of the documentation provided by the practice, we found the practice to be good in providing safe services. Overall, the practice is rated as good.

The practice was previously inspected on 17 February 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 question safe several areas were identified as requires improvement, as the practice was not meeting the legislation to meet Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment

At the inspection in February 2016 we found that the registered person did not assess and mitigate against risks as they had not risk assessed the need for Disclosure

and Barring Service (DBS) checks for chaperones. (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).

Other areas identified where the practice was advised they should make improvements included:

- Reviewing or risk assessing arrangements for medical emergencies to ensure that equipment and medicines are in place.
- Reinstating Patient Participation Group (PPG) meetings, in order to identify and act on patients' feedback and suggestions about the service.
- Conducting patient surveys as a means of obtaining patient feedback.
- Preparing a business continuity plan to be ready for any interruptions to service.
- Conducting regular fire evacuation drills in line with the fire risk assessment.

The practice supplied CQC with evidence of the action they would take after the inspection in February 2016. For this desk top review they provided a range of

Summary of findings

documentation which demonstrated they are now meeting the requirements of Regulation 12 Staff Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice also demonstrated improvement in the other areas identified in the report from February 2016 which did not affect ratings. These improvements have been documented in the well-led section, showing how the practice has demonstrated continuous improvement since the inspection in February 2016.

The area where the practice should continue to make improvements are:

- Formalise the processes in place to protect patients by completing a written risk assessment for staff who act as chaperones who are not DBS checked, including updating the chaperone policy to reflect amended procedures.

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?

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in February 2016.

- Evidence supplied by the practice included information on amended procedures should a clinician or patient request a chaperone for an examination, but non-clinical staff without a DBS check or suitable risk assessment could still be called upon to act as chaperones. The practice informed us the actions would be completed by the end of March 2017.
- Evidence that emergency medical equipment, (a defibrillator and oxygen) had been purchased which was regularly checked to ensure it was safe for use.
- Dates of fire evacuation drills which had been carried out.
- A written business continuity plan which covered all potential situations and the use of the second practice location for use should Cranham Village Surgery premises be inaccessible or not fit for use for any reason.

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in February 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 February 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 February 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



Summary of findings

Are services well-led?

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

This rating was given following the comprehensive inspection in February 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



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.

This rating was given following the comprehensive inspection in February 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



People with long term conditions

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

This rating was given following the comprehensive inspection in February 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



Families, children and young people

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

This rating was given following the comprehensive inspection in February 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



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).

This rating was given following the comprehensive inspection in February 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



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in February 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



Summary of findings

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).

This rating was given following the comprehensive inspection in February 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



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.

Areas for improvement

Action the service **SHOULD** take to improve

- Formalise the processes in place to protect patients by completing a written risk assessment for staff who act as chaperones who are not DBS checked, including updating the chaperone policy to reflect amended procedures.

Dr C Dahs & Dr IP Humberstone

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who reviewed and analysed the documentary evidence submitted.

Background to Dr C Dahs & Dr IP Humberstone

Dr Dahs & Dr IP Humberstone provides primary medical services in Upminster, Essex to approximately 11,300 patients and is one of fifty-three member practices in the NHS Havering Clinical Commissioning Group (CCG).

The practice team comprises one full-time female partner and one full-time male GP partner along with three full-time salaried GPs (one female and two male) working between them a whole time equivalent (WTE) of 5 GPs (40 sessions per week). The nursing team consists of three part-time female nurse practitioners, one full-time female practice nurse and one part-time female practice nurse. There are four administrative and clerical staff and one full-time practice manager.

Dr Dahs & Dr IP Humberstone are registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder or injury. They currently have two registered locations, Little Gaynes Surgery and Cranham Village Surgery. Both

locations are purpose built GP surgery buildings and clinical and administrative staff divide their time between the two surgeries. There are six part-time reception staff at the Cranham Village Surgery.

Cranham Village Surgery has most patient facilities on the ground and first floors that are accessible by lift and stairs. All floors of the building are accessible to wheelchair users. There are offices for administrative and management staff on the ground and first floor.

The practice is open between 8.00am and 6.30pm Monday to Friday. GP Appointments are from 8am to 12.30pm and 2.30pm to 6pm, nurse practitioner and nurse appointments are from 8am until 6pm daily. Between 6.30pm and 8.00am and at weekends patients are directed to the out of hours provider for Havering CCG.

The practice population is in the least deprived decile in England with less than the CCG and national average representation of income deprived children and older people. The practice population has a greater than national average percentage of all age groups over fifty years of age, with 26% of the practice population aged over 65 (national average 17%). There is below average income deprivation affecting children of 7% compared to the national average of 23%.

The practice has surveyed the ethnicity of the practice population and has determined that 97% of patients identified as having white ethnicity, and 3% as having Asian ethnicity.

The practice operates under a Personal Medical Services (PMS) contract (a contract between NHS England and general practices for delivering personal medical services. This contract allows the flexibility to offer local services

Detailed findings

within the contract) and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: childhood vaccination and immunisation scheme; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; minor surgery; remote care monitoring; and risk profiling and case management.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 20 December 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How we carried out this inspection

At the inspection in February 2016, we found that safe care and treatment required improvement. Following the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 12 Safe Care and Treatment 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 also spoke with the practice manager.

We reviewed the inspection report, the information submitted and made an assessment against the regulations.

Are services safe?

Our findings

The practice is rated as good for providing safe care and treatment.

At the inspection in February 2016 we found that:

- Not all staff who acted as chaperones 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).
- There was no defibrillator or oxygen should an emergency situation require it, although these were ordered on the day of the inspection.
- Whilst there was a fire risk assessment, fire evacuation drills had not been carried out.
- There was also no business continuity plan although the practice said they would use the other practice building should Cranham Village Surgery premises be out of use for any reason.

The follow up desk top review in December 2016 found that:

The practice had discussed the process for chaperoning and had introduced DBS checks for all new reception staff. Where possible, nursing staff were asked to chaperone, if

not then DBS checked reception staff were used. If this was not possible, the patient was offered another receptionist who had not received a DBS check, or an alternative appointment. . The practice had set a date of March 2017 to complete DBS checks on all existing staff and update the relevant documentation.

The defibrillator and oxygen had arrived and the practice had located them securely in the treatment rooms used by nurses who conducted regular checks to ensure they were fit for use. These checks were recorded with regular checks of fridge temperatures.

The practice had increased the frequency of fire alarm testing and conducted two fire evacuation drills.

The practice had written a comprehensive business continuity plan which covered all potential incidents. In June and July 2016 the practice had experienced issues with the telephone line into Cranham Village Surgery and diverted calls to Little Gaynes Surgery in line with this plan. They also purchased a mobile telephone for outgoing calls from Cranham Village Surgery, which was now part of the future business continuity arrangements for both locations.

The practice had addressed the concerns identified during the inspection in February 2016 and the review of documentation in December 2016 found that the practice was now compliant with regulatory requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. 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 caring?

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. 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 safe care and treatment within the key question safe. 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

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question, however, the practice provided evidence which showed they had made improvements in areas as well as the key question safe. This demonstrated commitment to continuous improvement in the service provided to patients.

The practice had recruited an additional practice nurse and the trainee nurse practitioner had completed their accreditation and was now a qualified nurse practitioner. The practice had plans for developing staff to ensure clinical staffing levels were able to meet future patient needs.

The practice had identified a GP lead for the patient participation group (PPG) and had undertaken publicity to increase interest in this. A meeting was planned for January 2017 with the aim of planning a patient survey.

The practice had monitored its friends and family test (FFT) survey results including written feedback from patients which was shared and discussed with staff. Since November 2015 there had been 92 responses to the FFT for Cranham Village Surgery, of which 89 (97%) said they would be extremely likely or likely to recommend the surgery to their family and friends.

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>