

Belmont & Sherburn Medical Group

Inspection 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 location

Good 

Are services caring?

Good 

Overall summary

We carried out an announced comprehensive inspection at Belmont and Sherburn Medical Group on 19 January 2018. The overall rating for the practice was good; but was requires improvement for caring. The full comprehensive report on the January 2018 inspection can be found by selecting the 'all reports' link for Belmont and Sherburn Medical Group on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 15 August 2018 to confirm that the practice had carried out their plan to make improvements in the areas where we identified concerns in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is still rated as good; and now as good for caring.

Our key findings were as follows:

- The practice had continued to review patient satisfaction and had recently carried out an in-house patient survey.
- The most recent National GP Patient Survey results, published in August 2018 showed that the practice's scores had improved from the previous year, although they were still below local and national averages.

During our last inspection we identified some other concerns and said that the provider should:

- Take action to improvement medicines management arrangements: ensure that staff know what to do if the medicines refrigerator temperatures are higher than recommended levels, review the dispensary's Standard Operating Procedures (SOPs) to ensure they are fit for purpose and reflect current best practice guideline and implement systems to monitor the quality of the dispensing service. During this inspection we found that the policy on the Cold Chain and Vaccine Storage had been updated; notices had been placed on each

refrigerator informing staff of the action to take. We reviewed the refrigerator temperature records from April to June 2018; these showed that temperatures had remained within the accepted levels. The practice had worked with the clinical commissioning group (CCG) pharmacist and had made progress in reviewing and updating the dispensary's SOPs.

- Carry out fire evacuation drills at each surgery. During this inspection we found that fire evacuation drill had been carried out at the main site (Belmont) in July 2018 and the Sherburn Surgery in August 2018.
- Inform patients who have complained that if they remain unhappy with the practice's response they could contact the Parliamentary and Health Service Ombudsman (PHSO). During this inspection we reviewed the complaints leaflet and the template response letters to complaints; these both contained details of the PHSO.
- Provide chaperone and Mental Capacity Act (MCA) training for all relevant staff. During this inspection we found that relevant staff had completed the MCA training. Dates had been arranged in August and September for all staff to carry out chaperone training alongside their annual CPR training.

Therefore, there are some areas of practice where the provider needs to ensure that actions are completed.

The provider should:

- Review the results and take necessary actions following the recent in-house patient survey.
- Continue to review patient satisfaction and make improvements in relation to the wider patient experience.
- Take steps to ensure that staff complete the chaperone training during August and September 2018.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector.

Background to Belmont & Sherburn Medical Group

Belmont & Sherburn Medical Group provides care and treatment to around 7,100 patients. The practice is part of North Durham clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following addresses:

- Grey Avenue, Sherburn, Durham, County Durham, DH6 1JE
- Broomside Lane, Belmont, Durham, DH1 2QW

This was a desk based review so we did not visit either surgery during this inspection.

The Sherburn surgery is located in a purpose built two storey building. All patient facilities are on the ground floor. The Belmont surgery is based within a single storey building. There is on-site parking, accessible parking, an accessible WC, wheelchair and step-free access.

Patients can book appointments in person, on-line or by telephone.

Opening hours are as follows:

- Monday to Friday - 8.15am to 6pm

Appointments with GPs are available at the following times:

- Monday to Friday - 8.30am to 12.00pm; then from 2.50pm to 6pm

The practice is part of a local hub which provides extended opening hours for patients; appointments are available Monday to Friday between 6.30pm and 8.45pm and Saturdays and Sundays from 8am to 6pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and County Durham and Darlington NHS Foundation Trust.

The practice has:

- two GP partners (both male), although only one is active in the practice,
- two salaried GPs (female),
- one nurse practitioner, one specialist nurse and two practice nurses (all female),
- a healthcare assistant,
- a practice manager,
- two dispensing officers and
- nine staff who carry out reception and administrative duties.

The age profile of the practice population is broadly in line with the local and national averages, but is made up of a slightly higher than average proportion of patients over the age 65 (23% compared to the national average of 17%). Information taken from Public Health England placed the area in which the practice is located in the fourth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Are services caring?

At our previous inspection on 19 January 2018, we rated the practice as requires improvement for providing caring services as results from the National GP Patient Survey were well below average and the practice had not taken sufficient action to improve.

When we undertook a follow-up inspection on 15 August 2018, we found that the whilst some scores from the National GP Patient Survey were still below average, the practice's own scores had improved. The practice is now rated as Good for providing caring services.

Kindness, respect and compassion

When we last inspected we found that results from the July 2017 annual National GP Patient Survey showed some patients did not feel they were treated with compassion, dignity and respect. Satisfaction scores were mainly below local and national averages.

The practice had carried out regular patient satisfaction surveys around access and had commissioned the patient participation group to carry out a more detailed survey. At the time of this follow-up inspection the results were being summarised so a formal review could be carried out.

During this inspection we reviewed the most recent National GP Patient Survey results (published in August 2018). The questions in the survey had changed, therefore

it was not possible to make direct comparisons to previous years' results. The most recent survey showed that the practice's scores had improved in all areas, although they were still below local and national averages.

Involvement in decisions about care and treatment

During our last inspection we found that results from the National GP Patient Survey about patients' involvement in planning and making decisions about their care and treatment were lower than local and national averages.

We discussed the results of the survey with managers; there had been a number of changes and instability within both the clinical and reception teams over the past year. These issues had been resolved and a stable team was in place. More recent results from the Friends and Family Test showed improvements; for example in June 2017, 69% of respondents said they would recommend the practice, by November 2017 this had increased to 83%.

During this follow-up inspection we reviewed the most recent National Patient Survey results. This showed an improvement in the practice's score on involvement.

We reviewed the practice's Friends and Family Test results; this showed the practice had maintained the improved scores. For the months April to June 2018 an average of 84% of respondents said they would recommend the practice.