

The New Surgery

Quality Report

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Date of inspection visit: 19 January 2016
Date of publication: 04/02/2016

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 safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk top follow up inspection of The New Surgery on 19 January 2016. This was to follow up on concerns identified during the initial inspection of the practice conducted on 28 October 2015. Overall the practice is rated as good.

Our key findings were as follows:

- The practice had conducted appropriate recruitment checks on their staff ensuring locum GPs had undertaken DBS checks.
- The practice had conducted a legionella risk assessment and the practice manager had undertaken training on Legionnaires disease.

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.

The practice was initially inspected on 28 October 2015. During the inspection we found appropriate recruitment checks had not been conducted for those currently employed by the practice and the practice had not conducted a legionella assessment. The practice submitted an action plan to address the concerns and we found they had been resolved during the follow up inspection. The locum GP had received a DBS check and the practice had conducted a legionella risk assessment.

Good



The New Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector.

Background to The New Surgery

The New Surgery has a patient population of approximately 2938. It provides services to an aging patient demographic, with a large commuter population. The practice is owned and managed by a GP. The male lead GP and male salaried GP provide 13 clinical sessions a week) and two locum male GPs alternate providing a single clinical session weekly. They are supported by a practice nurse who works three clinical sessions a week (12 hours). All specialist clinics are GP led. The practice manager is employed 10 hours a week and assisted by an administrative team.

The practice holds a General Medical Services contract. The practice was open between 8.30am to 7.45pm Monday and

8.30am to 6.30pm Tuesday to Friday. Appointments were from 9am to 12noon and 4.00pm to 6pm Monday to Friday. Extended hours surgeries were offered from 6.30pm to 7.30pm on a Monday evening and appointments were pre-bookable. The practice offered online appointment booking and prescription requests.

The practice has opted out of providing their own out of hour's service. Patients are advised to call the 111 service and their out of hour's provider is IC24.

The practice maintains their own practice website. The website provides important information to patients regarding their opening hours, how to make appointments, clinics and services available and support organisations.

Why we carried out this inspection

We carried out a desk top follow up inspection of The New Surgery. We reviewed areas of concern identified during their initial inspection in October 2015, where we found the practice required improvement for safe.

Are services safe?

Our findings

Overview of safety systems and processes

The practice was initially inspected on 28 October 2015. During the inspection we found appropriate recruitment checks had not been conducted for those currently employed by the practice and the practice had not conducted a legionella assessment. We conducted a desk top follow up inspection whereby we reviewed documentation and spoke with the practice manager. We found;

- There were procedures in place for monitoring and managing risks to patient and staff safety. We found the practice had conducted a risk assessment for legionella on 29 December 2015 and the practice manager had undertaken additional training in legionnaire disease.
- We reviewed recruitment information relating to the GP locum and found appropriate recruitment checks had been undertaken. For example, the locum GP had a recent DBS check in place. (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).