

# Dr Lothe & Partners

## Quality 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 service

Good



Are services effective?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Lothe & Partners on 16 June 2016. The practice had been rated as good for safe, caring, responsive and well led. However, required improvement in safe. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensure that all staff undertake the practices' schedule of mandatory training, including basic life support (BLS), safeguarding children and vulnerable adults, fire safety and information governance.

We undertook this announced focused inspection on 10 November 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. The provider was now meeting all requirements and is rated as good under the safe domain.

This report only covers our findings in relation to those requirements.

- The practice had created a new training matrix and staff had been notified of outstanding training requirements. We saw evidence that all staff were up to date with the practices mandatory training. Which included, basic life support and using a defibrillator training, information governance, safeguarding vulnerable adults and children, dementia awareness, equality and diversity, infection control and fire safety.

This report should be read in conjunction with the last report from 16 June 2016. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### 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?**

The practice is rated as good for providing effective services.

At our last inspection, undertaken on 16 June 2016, the practice was rated as requires improvement for providing effective services, as there was one area where it needed to make improvements. Previously we found that:-

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found some gaps in the practices mandatory training for staff.

At this inspection, we found:-

- The practice had reviewed their training procedures and all staff had received up to date training as required. This included basic life support and using a defibrillator training, information governance, safeguarding vulnerable adults and children, dementia awareness, equality and diversity, infection control and fire safety.

**Good**



# Dr Lothe & Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

16 June 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was 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. Breaches of legal requirements were found. As a result, we undertook a focused inspection on 10 November 2016 to follow up on whether action had been taken to deal with the breaches.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Safe track record and learning

At our previous inspection, we found that some non-clinical staff had not completed recent mandatory training set by the practice. This included safeguarding vulnerable adults and children and for Basic Life Support for non clinical staff. We also found that not all staff had completed training for fire safety or information governance.

We reviewed the practice 'Mandatory / Recommended Training Summary' and training spreadsheet and found there were some gaps in staff training. We found:-

Five out of 13 reception staff had not received recent training for Basic Life Support (BLS). 15 out of 44 staff members had not received information governance training. 16 staff members had not received recent training for fire safety although we saw evidence that the practice had carried out regular fire drills.

The practice required clinical staff to have Mental Capacity Act 2005 training annually. However, from 15 clinical staff members only eight had completed this training. We also found that not all non-clinical staff had completed training for safeguarding vulnerable adults and children. For example, from 26 non-clinical staff members, 12 had not completed safeguarding vulnerable adults and 13 had not completed safeguarding children training. Staff we spoke with were aware of safeguarding procedures and told us they had access to safeguarding policies and would speak with the lead for safeguarding if they had any concerns

At this inspection, we found that the practice had reviewed their training procedures and all staff had received up to date training as required. This included basic life support and using a defibrillator training, information governance, safeguarding vulnerable adults and children, dementia awareness, equality and diversity, infection control and fire safety. Specifically we saw evidence the practice had:

- Updated the training matrix to be colour coordinated. Green dates showed the training was still in date and red showed would show it was overdue.
- The practice had nominated a staff member to review the training log monthly and notify staff of any training updates required.
- Staff were e-mailed six weeks before their training was out of date, to inform them training needed to be completed. A further two reminders would be sent if the training was still to be completed. If staff members failed to complete the training in the allotted six weeks the practice manager was informed and potentially a performance management process would be put in place.
- Staff had centralised electronic folders which held information about their required training and included all of their certificates of training.
- Newly employed staff were provided with an induction pack and were required to complete their core training during their induction period.