

Poplar House Surgery

Quality Report

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Lytham

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Date of inspection visit: 26 August 2015

Date of publication: 24/09/2015

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

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Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desktop review of evidence supplied by Poplar House Surgery to demonstrate how they have improved the service in the key question Well Led.

Overall, the practice is rated as good. Following this focused desktop review of the practice, we found the practice to be good for providing Well Led services.

Poplar House Surgery was inspected on the 3 February 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the GP practice was rated 'good' overall. However, for the key question Well Led, systems to monitor and assess the quality of service and ensure staff were appraised and supported were assessed as 'requires improvement'. The practice was not meeting the legislation in place at that time, (Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers).

The practice submitted an action plan with timescales telling us how they would ensure they met the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. They supplied us with a range of documents that demonstrated they were now meeting the requirements of the 2010 regulations and the new legislation that has superseded this, (Regulation 17 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance).

Evidence supplied included copies of clinical audits, evidence of infection control monitoring and a staff appraisal meeting timetable. In addition, the practice submitted their business continuity plan, their 2015 schedule of internal and external multi-disciplinary team meetings and information on the actions taken to improve telephone services.

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.

This rating was given following the comprehensive inspection in 3 February 2015. 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 effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in 3 February 2015. 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 3 February 2015. 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 3 February 2015. 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 well-led?

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

Clinical and infection control audits had been undertaken. Staff were supported by performance monitoring and staff appraisal. The practice also supplied evidence which demonstrated that the business continuity plan was up to date and readily available to staff, that regular planned meetings were held internally and externally with other health care professionals and information on the actions taken to improve telephone services.

Good



Summary of findings

Evidence supplied included copies of clinical audits, evidence of infection control monitoring and a staff appraisal meeting timetable. In addition, the practice supplied information on the actions taken to improve telephone services, the business continuity plan and evidence of team meetings.

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 3 February 2015. 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 population group of people with long term conditions.

This rating was given following the comprehensive inspection in 3 February 2015. 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 requires improvement for the population group of families, children and young people.

This rating was given following the comprehensive inspection in 3 February 2015. 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 outstanding for the population group of the working-age people (including those recently retired and students).

This rating was given following the comprehensive inspection in 3 February 2015. 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 population group of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in 3 February 2015. 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 population group of people experiencing poor mental health (including people with dementia).

This rating was given following the comprehensive inspection in 3 February 2015. 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.

A comprehensive inspection was carried out on 3 February 2015.

A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Poplar House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentation submitted to us by the practice.

Background to Poplar House Surgery

Poplar House Surgery is located in Lytham St Anne's within the Fylde and Wyre Clinical Commissioning Group (CCG.) Services are provided under a General Medical Services (GMS) contract with NHS England. There are 8900 registered patients. The practice population includes a lower number (12.9%) of people under the age of 18, and a higher number (23.6%) of people over the age of 65, in comparison with the national and CCG average of 20.8% and 16.9% respectively.

There are comparatively low levels of deprivation in the practice area. Information published by Public Health England, rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice opens from Monday to Friday from 9am until 6pm with no extended hours. When the practice is closed patients are advised to contact NHS 111. The out of hour's service is provided by Fylde Coast Medical Services.

The practice staff includes: a Lead GP and two salaried GPs. Working alongside the GPs are a nurse practitioner, two practice nurses, two healthcare assistants, a practice manager, a reception manager, and teams of administrative and reception staff. Under local

arrangements with a local NHS hospital, the practice benefits from the support of an independent community pharmacist. The pharmacist is contracted to work at the practice 20 hours per week to advise and support in relation to medicines management and prescribing.

A temporary practice manager is covering the absence of the permanent practice manager. The nurse practitioner has daily clinics both morning and afternoon for patients with acute illnesses.

On line services include; booking appointments and repeat prescription requests

The premises are purpose built and offer access and facilities for disabled patients and visitors.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 3 February 2015. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. (Now superseded 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 last inspection, we found some systems to monitor the quality of service provided and staff support required improvement. Following the inspection, the practice

Detailed findings

supplied an action plan with timescales telling us how they would ensure they met regulation 21 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 (HSCA 2008), now amended by Regulation 17 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 practice.

We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

Please note this is a focused desk top review of some areas within this key question of Well Led. 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 effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of some areas within this key question of Well Led. 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 some areas within this key question of Well Led. 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 some areas within this key question of Well Led. 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 some of the areas of the key question Well Led. These include the systems in place for monitoring service quality such as clinical audit and systems to support staff with appraisal.

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>

Poplar House Surgery was inspected on the 3 February 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the GP practice was rated 'good' overall. However, for the key question Well Led, systems to monitor and assess the quality of service and ensure staff were appraised and supported were assessed as 'requires improvement'. The practice was not meeting the legislation in place at that time, (Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers).

The practice submitted an action plan telling us how they would ensure they met the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. They supplied us with a range of documents that demonstrated they were meeting the requirements of the 2010 regulations and the new updated legislation that has superseded this. Evidence supplied included copies of clinical audits and a staff appraisal matrix. In addition, the practice supplied a business continuity plan, information on the planned improvements to the telephone system and evidence of team meetings both within the practice and with multi-disciplinary teams.

The information supplied demonstrated that the practice was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17 Good governance.