

Leen View Surgery

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 safe?

Good 

Are services well-led?

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 of Leen View Surgery on 12 April 2016. During that inspection we found that non-clinical staff who undertook chaperone duties had not received a disclosure and barring service (DBS) check, and a risk assessment had not been completed to determine whether this was required.

Also, the recruitment policy did not include reference to all information required by law when recruiting new members of staff. The practice had not obtained assurances that locum doctors who worked there had undergone all required recruitment checks through their employment agency. Effective systems were not in place to oversee and improve some aspects of the quality and safety of the services provided.

Overall the practice was rated as good with are services safe and well-led requiring improvement in view of the above.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leen View Surgery on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice told us what action they had, and were taking to meet the legal requirement in relation to the breaches.

We undertook a focused inspection on 27 October 2016 to check that the provider had completed the required action, and now met the legal requirements. We visited the practice as part of this inspection.

This report covers our findings in relation to the above requirements.

This inspection found that the provider had taken appropriate action to meet the legal requirements.

- All staff carrying out chaperone duties had received a disclosure and baring service check. (These 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 vulnerable children or adults).
- Effective recruitment procedures were followed to ensure the practice obtained the required information and checks prior to new staff working at the practice.
- A protocol was in place to obtain assurances that locum doctors who work at the practice had

Summary of findings

undergone required recruitment checks through their employment agency. Two locum doctors files we checked contained copies of the required checks and information.

- Effective systems were in place to oversee and improve the quality and safety of the services provided, and to reduce risks to patients.

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 was rated as good for safe.

Good



- All staff carrying out chaperone duties had received a disclosure and barring service check. (These 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 vulnerable children or adults).
- Effective recruitment procedures were followed to ensure the practice obtained the required information and checks prior to new staff working at the practice.
- A protocol was in place to obtain assurances that locum doctors who work at the practice had undergone all required recruitment checks through their employment agency. Two locum doctors files we checked contained copies of the required checks and information.

Are services well-led?

The practice was rated as good for are services well-led.

Good



- Effective systems were in place to oversee and improve the quality and safety of the services provided, and to reduce risks to patients.
- Staff had taken on additional responsibilities and lead roles for specific areas, to ensure the services are effective and to drive continuous improvements.
- The clinical audit programme had been strengthened to further demonstrate ongoing quality improvement and effective care.
- Various policies had been reviewed to ensure they were up-to-date and reflected the procedures followed at the practice.
- More regular, structured meetings took place to aid communication and continuously improve how the practice delivered services to patients.

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 was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



People with long term conditions

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



Families, children and young people

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



Working age people (including those recently retired and students)

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good 

Leen View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the focused inspection of Leen View Surgery.

Background to Leen View Surgery

Leen View Surgery provides primary medical services to approximately 8,700 patients, through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The practice is located in Bulwell, which is approximately 4.5 miles from Nottingham. The practice is in an area of high deprivation, and has a higher than national average elderly population as well as children under 14 years of age.

Leen View Surgery is managed by three partners. Two of the partners are GPs (1 male, 1 female) and one is an advanced nurse practitioner (female). The clinical team also includes two salaried GPs (1 male, 1 female), two long-term locum doctors, a practice pharmacist, one trainee advanced nurse practitioner, an assistant practitioner, two practice nurses and two phlebotomists.

The non-clinical team includes a practice manager, an office manager and a team of reception, clerical and administrative staff.

The practice is open Monday to Friday from 7am to 6.30pm. Appointments are available from 7am to 6.30pm on Monday, Tuesday, Wednesday and Friday and from 7am to 12pm on Thursday.

The practice has opted out of providing out-of-hours services to its patients. This service is provided by Nottingham Emergency Medical Services, and is accessed via the NHS 111 telephone number.

The provider's certificate of registration issued by the Care Quality Commission includes two partners. The third partner is in the process of applying to be added to the provider's registration.

Why we carried out this inspection

We undertook a focused inspection of Leen View Surgery on 27 October 2016. This was carried out to check that improvements had been made to meet the legal requirements, following our comprehensive inspection on 12 April 2016. We reviewed the practice against two of the five questions we ask about services: are services safe and well-led.

How we carried out this inspection

We reviewed the information the practice sent us, in regards to the actions they had taken to meet the legal requirements in relation to Regulation 12: Safe Care and Treatment and Regulation 17: Good governance. We visited the practice as part of this inspection and carried out various checks. We also spoke with the practice manager.

Are services safe?

Our findings

A comprehensive inspection on 18 April 2016 found that:

- Non-clinical staff who undertook chaperone duties had not received a disclosure and barring service (DBS) check, and a risk assessment had not been completed to determine whether this was required.
- The recruitment policy did not include reference to all information required by law when recruiting new members of staff.
- The practice had not obtained assurances that locum doctors who worked at the practice had undergone all required recruitment checks through their employment agency.

Following the inspection, the practice wrote to us to confirm what action they had taken to address the above issues.

This review found that the provider had taken appropriate action to meet the legal requirement and ensure the services are safe.

- All staff carrying out chaperone duties had received a disclosure and barring service check. (These 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 vulnerable children or adults).

- The recruitment policy included reference to all the required employment information and checks when recruiting new members of staff. This included an appropriate Disclosure and Barring Service (DBS) check for all staff.
- Effective recruitment procedures were followed to ensure the practice obtained the required information and checks prior to new staff working at the practice. Personal files relating to two new members of staff included the required employment information.
- The recruitment policy referred to obtaining a medical to provide information about any health conditions relevant to a person's ability to carry out the work. The practice had sought advice from their human resource consultant, as to what information they could request from applicants.
- The practice had recently appointed a part time pharmacist and an additional part time salaried GP. Two locum doctors continued to provide regular support at the practice. However, the use of locum doctors had reduced by four to five sessions a week, following the appointment of the above clinical staff.
- A protocol was in place to obtain assurances that locum doctors who work at the practice had undergone all required recruitment checks through their employment agency. Two locum doctors files we checked contained copies of the required information obtained by their employment agency, to support they had the necessary qualifications and experience to work at the practice.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

A comprehensive inspection on 18 April 2016 found that:

Effective governance systems were not in place to oversee and improve aspects of the services provided, and to reduce risks relating to the welfare of patients.

Following the inspection, the practice wrote to us to confirm what action they had taken to address the above issues.

This review found that the provider had taken appropriate action to meet the legal requirement and ensure the services are well-led. The following improvements had been made:

- A clear leadership structure was set out. The partners and practice manager held structured weekly meetings to discuss the business and review on-going improvements. The meetings were minuted. Records of recent meetings demonstrated a commitment to on-going improvements. The business plan had recently been reviewed to set out short and long term plans for the service.
- The practice manager told us that staff morale and teamwork had improved. Staff had taken on additional responsibilities and lead roles for specific areas, to ensure the services are effective and to drive continuous improvements.
- The clinical audit programme had been strengthened to further demonstrate ongoing quality improvement and

effective care. Various audits including completed audit cycles were planned. Since the last inspection in April 2016 two clinical audits had been completed and a further audit was being undertaken.

- Effective systems were in place for identifying risks and overseeing that robust recruitment procedures were followed, to ensure that persons employed were suitable to carry out the work. The system for monitoring new staff had also been strengthened, to ensure they remained suitable to carry out the duties required of them.
- Various policies had been reviewed to ensure they were up-to-date and reflected the procedures followed at the practice. Several new protocols had been put in place, including a policy on home visiting and telephone triage to ensure patients received effective care. Staff had been made aware of the changes to the policies and had access to these.
- More regular, structured meetings took place to aid communication and continuously improve how the practice delivered services to patients. These included full practice team, clinical, business and nursing meetings. All meetings including multi-disciplinary and full team meetings were now minuted.
- We checked the records of various meetings held over recent months. These provided a concise account of issues discussed and actions agreed from the meetings, to evidence the ongoing care and treatment of patients and improvement of service.