

Dr Haeger and Partners

Quality Report

Princes Road Maldon Essex CM9 5GP

Tel: 01621876760 Website: www.blackwatermedicalcentre.co.uk Date of inspection visit: 14 June 2017 Date of publication: 30/06/2017

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 | |

Contents

| Cummary of this increation | Daga |
|---|------|
| Summary of this inspection | Page |
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| Areas for improvement | 5 |
| Detailed findings from this inspection | |
| Our inspection team | 6 |
| Background to Dr Haeger and Partners | 6 |
| Why we carried out this inspection | 6 |
| How we carried out this inspection | 6 |
| Detailed findings | 8 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Haeger and Partners (Previously known as Dr Roper & Partners) on 4 April 2016 where the practice was rated as good overall. However the practice was found to be requires improvement for providing safe services. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Haeger and Partners on our website at www.cqc.org.uk.

As a result of that inspection we issued the practice with a requirement notice in relation to regulation risks to patient safety not been assessed and managed appropriately and safeguarding training.

This announced focussed inspection was carried on 14 June 2017 to confirm that the practice had carried out their plan to make the improvements required identified in our previous inspection on 4 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is rated as good for providing safe services.

Our key findings were as follows:

- All staff except two new staff members had received safeguarding training. The two new staff were on their induction period and at the time of the inspection were shadowing existing staff.
- The practice had undertaken a health and safety risk assessment and a fire risk assessment had been completed as required by legislation.
- The practice business continuity plan in place for major incidents such as power failure or building damage was available and had been updated with all the current contact details.
- The practice had a documented strategy and business plan to support the practice mission. This was amended when the needs of the practice changed.

At our previous inspection on 4 April 2016 we said that the practice should implement a system to identify more patients who are carers and continue to monitor and ensure improvement to national patient survey results.

At this inspection we found that the practice had still only identified 0.75% of their practice list as carers and that the practice had not monitored and reviewed the national patient survey results to ensure improvement.

Therefore the provider should

- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require
- Monitor and ensure improvement to national patient survey results.

Professor Steve Field (CBE FRCP FFPH FRCGP) Chief Inspector of General Practice

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is now rated as good for providing safe services.

- All staff except two new staff members had received safeguarding training. The two new staff were on their induction period and at the time of the inspection were shadowing existing staff.
- The practice had undertaken a health and safety risk assessment and a fire risk assessment had been completed as required by legislation.
- The practice business continuity plan in place for major incidents such as power failure or building damage was available and had been updated with all the current contact details.
- The practice had a documented strategy and business plan to support the practice mission. This was amended when the needs of the practice changed.

Good



Areas for improvement

Action the service SHOULD take to improve

- · Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require
- Monitor and ensure improvement to national patient survey results.



Dr Haeger and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Haeger and Partners

Dr Haeger and Partners also known as Blackwater Medical Centre is part of Mid Essex Clinical Commissioning Group and is a large rural surgery in Maldon Essex. Blackwater Medical Centre was previously known as Dr Roper & Partners and provides general medical services to approximately 13,900 registered patients. The practice has a branch surgery in a neighbouring village. The branch surgery was not inspected during this inspection.

- The main surgery is located within purpose built premises and has a dispensary as well as a community pharmacy located within the same building. The ground floor of the premises consists of the reception and all the GPs and nurses rooms and the pharmacy, the first floor accommodates all the office based staff and a large meeting room and staff rest areas. There is limited parking at the practice, but two car parks in the town within walking distance of the practice
- The practice comprises of seven GP Partners (six male and one female). The all-female nursing team consists of one nurse practitioner and five practice nurses. A practice manager and a team of reception and administrative staff undertake the day to day management and running of the practice. The independent pharmacy and dispensary is managed by a pharmacist supported by four dispensing staff.

- The practice has core opening hours between 8am and 6.30pm, Monday to Friday with appointments available from 8.20am to 5.50pm daily. Extended opening hours are on Monday, Wednesday and Friday from 7am and on Thursday from 7.30am.
- The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Out of Hours services are provided by Primecare. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Why we carried out this inspection

We undertook a comprehensive inspection Dr Haeger and Partners on 4 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. However the practice was found to be requires improvement for providing safe services. The full comprehensive report following the inspection on 4 April 2016 can be found by selecting the 'all reports' link for Dr Haeger and Partners on our website at www.cqc.org.uk.

We undertook an announced focused inspection of Dr Haeger and Partners on 14 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

Detailed findings

How we carried out this inspection

We carried out an announced focused inspection of Dr Haeger and Partners on 14 June 2017. This involved reviewing evidence such as:

- Certificates of training.
- New policies and procedures in place.
- Risk assessments

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



Are services safe?

Our findings

At our previous inspection on 4 April 2016, we rated the practice as requires improvement for providing safe services as not all staff had completed safeguarding training and the practice had not undertaken risk assessments such as fire and health and safety. The practice had a business continuity plan in place however some of the contact numbers were no longer valid. there was no evidence that a programme of clinical audit was driving improvement in patient

These arrangements had significantly improved when we undertook a focused inspection on 14 June 2017. The practice is now rated as good for providing safe services.

All staff except two new staff members had received safeguarding training. The two new staff were on their induction period and at the time of the inspection were shadowing existing staff.

The practice manager explained that this would be completed when the staff had their NHS email address and could log onto the e-learning system.

The practice had undertaken a health and safety risk assessment in April 2107. This was due to be reviewed annually. Areas on the risk assessment included, risk to needle stick injuries, electricity, Control of Substances

Hazardous to Health Regulations (COSHH) and slips, trips and falls. The risk assessment detailed who was at risk and the controls in place. For example, electricity controls were the annual testing of electrical equipment and fixed wire testing completed ever five years. We saw evidence that this was completed. The practice had a fire risk assessment completed by an external company to identify, assess and mitigate the risk of fire safety of their staff and patients. This was completed in July 2017 and had shown the practice to be at low risk. The assessment had identified some areas for improvement which were in the process of been completed. For example the company had recommended door closers on two doors in the practice. These had been purchased and were to be fitted the weekend following our inspection. The practice had also arranged for the company to return in July 2017 and complete fire warden training for ten staff including two staff in the pharmacy. The latest fire policy dated August 2016 listed the staff that were fire wardens. The practice had an external company to oversee the health and safety of the practice, staff and patients. There was a health and safety handbook for staff to refer to.

Policies were accessible to all staff and we checked a sample of these and saw that they were updated and had been reviewed within the last twelve months. The practice business continuity plan in place for major incidents such as power failure or building damage was available, and had been updated with all the current contact details.