

# St Lukes Medical Centre - Greenswood Branch

## 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 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

We carried out an inspection of St Lukes Medical Centre-Greenswood Branch on the 7 September 2016. This review was performed to check on the progress of actions taken following an inspection we made in April 2016. Following that inspection the provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 7 September 2016 we found the provider had made the necessary improvements.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published in August 2016. This can be done by selecting the 'all reports' link for St Lukes Medical Centre-Greenswood Branch on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings at this inspection were as follows:

The practice had improved the health and safety for patients by improving the assessment and management of risks. For example, this included the introduction of:

- Written care plans for all patients with the long term conditions including chronic obstructive pulmonary disease and diabetes.
- Written records for palliative care meetings.

### 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 had improved the health and safety for patients by improving the assessment and management of risk to patients. This included the introduction of:

- Written care plans for all patients with the long term conditions including chronic obstructive pulmonary disease and diabetes.
- Written records for palliative care meetings.

Good



### Are services effective?

This domain was not inspected on this visit as the service was rated as Good for this domain at our last inspection.

Good



### Are services caring?

This domain was not inspected on this visit as the service was rated as Good for this domain at our last inspection.

Good



### Are services responsive to people's needs?

This domain was not inspected on this visit as the service was rated as Good for this domain at our last inspection.

Good



### Are services well-led?

This domain was not inspected on this visit as the service was rated as Good for this domain at our last inspection.

Good



# 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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe domain means the ratings for this population group is now Good

Good



### People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe domain means the ratings for this population group is now Good

Good



### Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe domain means the ratings for this population group is now Good

Good



### Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe domain means the ratings for this population group is now Good

Good



### People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe domain means the ratings for this population group is now Good

Good



### People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe domain means the ratings for this population group is now Good

Good



# Summary of findings

## What people who use the service say

We did not speak with patients on this visit.

# St Lukes Medical Centre - Greenswood Branch

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Inspector.

## Background to St Lukes Medical Centre - Greenswood Branch

We inspected St Lukes Medical Centre – Greenswood Branch in April 2016 and found improvements were needed in the area of safe patient care. The provider sent us an action plan which detailed the steps they would take to meet the breaches in regulation. During our latest inspection on 7 September 2016 we found the provider had made the required improvements.

This location is part of the same practice as St Lukes Medical Centre with the same GPs, patients and practice management team.

The practice is situated in the coastal town of Brixham, Devon. The area is ranked fifth in the level of deprivation decile, with one being least deprived and ten being the most deprived. 96.7% of the local population identified their ethnicity as being white English in the 2011 census. The practice provides a primary medical service to 10,100 patients of a predominantly older age group. The practice is a training practice for GP registrars (doctors who are training to become GPs). There was one registrar working at the practice.

There is a team of one GP partners and five salaried GPs. The whole time equivalent is 5.6 GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, two nurse practitioners, five practice nurses, two health care assistants, three phlebotomists and additional administrative staff.

Patients using the practice also have access to midwife clinics and depression and anxiety counsellors at the practice. Other health care professionals such as community nurses, mental health teams and health visitors attended the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hour's surgeries are offered at the following times; Monday, Tuesday, Thursday mornings from 7.30am and on Tuesday evening until 7.30pm.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has a Personal Medical Services (PMS) contract with NHS England.

St Lukes Medical Centre is comprised of two locations both of which carry out regulated activities. The main site is located at 17 New Road, Brixham TQ5 8NA and the branch site is located at 1 Greenswood Road, Brixham TQ5 9HN.

# Detailed findings

During our inspection we visited the New Road location on 7 September 2016. We did not visit the Greenswood Road location as it was shut for the day. Evidence for this branch was seen at the New Road location.

This report covers the Greenswood Road location. St Lukes Medical Centre is covered in a separate inspection report.

## Why we carried out this inspection

We carried out this inspection at St Lukes Medical practice-Greenswood branch on Wednesday 7 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation and spoke with staff to check on the progress of actions taken following the comprehensive inspection we completed on 13 April 2016.

We inspected the practice, in part, against one of the five questions we ask about services, is the service safe. This is because the service had previously not met some regulatory requirements. At our previous inspection in April 2016. The effective caring, responsive and well led domains were rated as good. Therefore, these domains were not re inspected at this inspection. As all five domains were not inspected we were not able to rate the population groups at this visit.

# Are services safe?

## Our findings

At our inspection in April 2016 we found that the registered person had not protected people against the risk of unsafe care and treatment. For example,

- Written care plans for all patients with the long term condition of chronic obstructive pulmonary disease (COPD) and diabetes had not been provided to patients.
- Written records for palliative care meetings were not maintained.

At this inspection in September 2016 we found the practice had improved these systems.

- Written care plans had been provided for all patients with the long term conditions including COPD and diabetes. For example, the diabetic lead had produced a practice diabetic care plan which was based on national

and local diabetic guidelines and target information. The plan included health information, space to record test results, management plans and space to record individual care needs. We saw written care plans for COPD was also issued to patients. This included pre-printed literature and management plans. Patients benefitted from these care plans through consistent information sharing and clearly identified treatment pathways.

- Written records were maintained for palliative care meetings. These were based on templates used by the palliative care team. Staff explained this had provided continuity of information for the multidisciplinary team. A named member of the medical secretary team had the responsibility to keep these updated with support from the palliative care GP lead. Patients benefitted from these minutes through clearly identified care pathways.



# Are services effective?

(for example, treatment is effective)

## Our findings

We did not inspect this domain on this visit.

## Are services caring?

### Our findings

We did not inspect this domain on this visit.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We did not inspect this domain on this visit.

## Are services well-led?

Good 

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

## Our findings

We did not inspect this domain on this visit.