Belmont & Sherburn Medical Group

Quality Report

Gray Avenue, Sherburn, Durham DH6 1JE
Tel: 01913009661
Website: www.belmontandsherburnmedicalgroup.co.uk

Date of inspection visit: 30 June 2016
Date of publication: 19/08/2016

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

Are services safe?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 3

Detailed findings from this inspection

Our inspection team 5

Why we carried out this inspection 5

How we carried out this inspection 5

Detailed findings 6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Belmont and Sherburn Group Practice on 6 October 2015. The practice was rated good, overall. After that inspection we received concerns in relation to insufficiency of appointment availability, difficulty of getting through on the telephone and poor responses to home visit requests. As a result we undertook a focused inspection on 30 June 2016 to look into these concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belmont and Sherburn group practice on our website at www.cqc.org.uk.

Our key findings across all of the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, we did not see any evidence of thematic analysis.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide this with the skills, knowledge and experience to deliver effective care and treatment.
- We found there were appointments available and not all had been filled in the week before the inspection. Urgent appointments were available each day.
- Home visits were available and assessed and prioritised appropriately by a clinician.
- A new telephone system had been implemented and as a result the complaints about access had diminished in the last month.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. However, we did not see any evidence of thematic analysis.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. These were being updated.
- Risks to patients were assessed and well managed.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice provided more appointments than required for their practice population. There had been recent changes to the clinical personnel which had improved accessibility.
- Home visits were available and were assessed and prioritised by a clinician.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- A new telephone system had been implemented and the practice had begun to receive fewer complaints about telephone access.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a new clear leadership structure. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- Leaders had a shared purpose; they strove to deliver patient focused care.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Belmont & Sherburn Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector, a GP Specialist Adviser and an inspection manager.

Why we carried out this inspection

We undertook an unannounced focused inspection of Belmont and Sherburn Group practice. The inspection looked into the concerns raised with us about certain aspects of the care delivery. We inspected the service against three of the five key questions we ask about services: is the service, safe, responsive and well led.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an unannounced inspection on 30 June 2016.

During our visit we:

- Spoke with a range of staff which included GPs, Nurse manager, operations manager and the IT manager.
- Reviewed specific and randomised samples of the personal care or treatment records of patients.

To get to the heart of patients' experiences of care and treatment we asked the following three questions:

- Is it safe?
- Is it responsive to people's needs?
- Is it well-led?

Good

Are services safe?

Our findings

The practice is rated as good for providing safe services.

Safe track record and learning

- There was an effective system in place for reporting and recording significant events. However, we did not see any evidence of thematic analysis. We were told the new management group would be undertaking analysis of all concerns and significant events at the newly re-arranged senior practice management meetings. The findings were to be shared at the Protected Learning Time Events which were held regularly for all staff.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. We saw evidence of how the complaints were managed and followed up.

Overview of safety systems and processes

- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. These were being updated. Clinicians whose training required updating were to attend appropriate training on 14 July 2016.
- We reviewed all clinical staff's personnel files and found not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We have, since the inspection, been provided with up to date DBS checks and had received evidence that the practice registered with www.criminalrecordsservices.co.uk. to ensure all relevant staff would be re-checked appropriately.

Monitoring risks to patients

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an updated rota system in place for all the different staffing groups across the group to ensure enough staff were on duty. This included planned and unplanned absences.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice is rated as good for providing responsive services.

Responding to and meeting people's needs

- The practice provided more appointments than required for their practice population. We saw evidence that not all appointments had been filled in the past few weeks.There had been recent changes to the clinical personnel which had improved accessibility. We found a variety of appointments were available for patients, emergency appointments on the day, pre-bookable appointments which could be made on-line or in person at the surgeries and telephone consultations were available each day.
- Home visits were available and were assessed and prioritised by a clinician. We found that there were notes on some patients records which related to home visits. This information was requested to be added by the District Nurses. These notes were removed immediately. We were also made aware that all practice staff had been informed of this decision and all were reminded that home visits were a clinical decision to be made on the day.
- The telephone system had been changed and as a result there were fewer complaints about telephone access. The practice were considering adding a telephone message which would give information to the patients as to how many calls were in the queue.

Listening and learning from concerns and complaints

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. We saw evidence that all recent complaints had been responded to in a timely way. We did not see any thematic analysis of complaints and were assured that this would happen, going forward with the new management team.

Are services well-led?

Good

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

Our findings

Governance arrangements

- There was a new clear leadership structure. The practice had a number of policies and procedures to govern activity and was beginning to hold regular governance meetings.

Seeking and acting on feedback from patients, the public and staff

- Leaders had a shared purpose; they strove to deliver patient focused care. They had employed new clinicians and had increased clinical sessions to alleviate the poor access to appointments with a clinician.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. We were told that the PPG were working with the practice to improve communication with all patients about changes within the practice. This was an area which had been identified as an area for improvement.