

# Falklands 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 at Falklands Surgery on 26 April 2017. The overall rating for the practice was requires improvement, with requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. The full comprehensive report on the 26 April 2017 inspection can be found by selecting the 'all reports' link for Falklands Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection on 4 October 2017 to check they had followed their action plan and to confirm they now met legal requirements in relation to the breaches identified in our previous inspection on 26 April 2017. This report only covers our findings in relation to those requirements.

Overall the practice is now rated as good overall, and good for providing safe and well led services.

Our key findings from this inspection were as follows:

- Falklands Surgery is a partnership with East Coast Community Healthcare Community Interest Company (ECCH). At the time of this inspection, Falklands Surgery were planning to form a partnership with a

different provider. Therefore, actions to share the ECCH visions and values with staff and attendance at ECCH senior management meetings had not been completed, as this was not felt to be appropriate due to the imminent partnership changes. Staff had been informed of the planned changes and told us they felt supported at this time of change.

- There were effective governance processes in place to identify, act on, monitor and review health and safety risks to patients and staff that were identified, including those that related to legionella, significant events and calibration testing.
- Staff had been trained in safeguarding children and vulnerable adults to a level appropriate to their role. Two members of non clinical staff who had joined the practice recently were due to complete safeguarding training and we saw evidence that the practice were monitoring the completion of this training.
- Information technology systems had improved so the practice could ensure ECCH was informed of all significant events and staff were able to complete mandatory e-learning training.
- Improvements have been made in relation to annual health checks for people with a learning disability registered at the practice. Staff had worked with a learning disability nurse and letter templates for

# Summary of findings

patients had been agreed, although the practice planned to invite patients by telephone and then send a letter. The practice planned to offer a 30 minute appointment with a nurse, followed by a 30 minute appointment with a GP to complete the annual health check. Patients had been identified and were scheduled to be called according to their month of birth. The number of patients who had received a health check in the previous 12 months was 15 out of

30 patients, which was the same number as the inspection on 26 April 2017. However the practice advised that all patients would have been offered and received a health check by March 2018.

- Significant improvements had been made to the percentage of staff who had completed training deemed mandatory by the provider ECCH and who had received an appraisal.

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?

Our focused inspection on 4 October 2017 found that:

- The practice ensured that East Coast Community Healthcare Community Interest Company (ECCH) were informed of all significant events.
- Health and safety risks to patients had been assessed and recommendations had been completed.
- Staff had been trained in safeguarding children and vulnerable adults to a level appropriate to their role. Two members of non clinical staff who had recently joined the practice were due to complete safeguarding training and we saw evidence that the practice were monitoring the completion of this training.

Good



### Are services well-led?

Our focused inspection on 4 October 2017 found that:

- Falklands surgery is a partnership with East Coast Community Healthcare Community Interest Company (ECCH). Falklands Surgery were planning to form a partnership with a different provider. Therefore actions to share the ECCH visions and values with staff and attendance at ECCH senior management meetings had not been completed, as this was not felt to be appropriate due to the imminent partnership changes. Staff had been informed of the planned changes and felt supported at this time of change.
- There was an effective governance process in place to assure the practice that risks to patients and staff were identified, acted upon, monitored and reviewed. This included those that related to legionella, significant events and calibration testing.
- A system was in place to record and monitor staff completion of training deemed mandatory by the practice.

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

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 26 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 26 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 26 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 26 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 26 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 26 April 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Falklands Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This focused inspection was completed by a CQC inspector and a GP specialist adviser.

## Background to Falklands Surgery

Falklands surgery is situated in Bradwell, Great Yarmouth and provides a service to patients in Bradwell, Gorleston and the surrounding villages. The practice holds a General Medical Service (GMS) contract with the local Clinical Commissioning Group (CCG) and offers health care services to approximately 7100 patients.

The building provides good access with accessible toilets and car parking facilities for disabled patients. Patients using the practice also have access to community staff including the community matron, district nurses, community psychiatric nurses, health visitors, support workers, health visitors and midwives.

Falklands surgery was previously provided by a GP partnership. In January 2016, Falklands surgery formed a partnership with East Coast Community Healthcare Community Interest Company (ECCH), who are now the provider for the practice. ECCH is a provider of over 30 community services, which includes four GP practices and has been established for five years. Staff employed by Falklands surgery were due to transfer their employment to ECCH, however there had been delays with this. Falklands Surgery are now planning to form a partnership with a different provider, so the employment of the staff has remained with Falklands Surgery.

The practice has a team of two GPs (two male) meeting patients' needs. In addition, there is one nurse practitioner, a senior practice nurse, three practice nurses, two healthcare assistants and a primary care practitioner. Three of the nurses hold a prescribing qualification. There is a practice manager and a team of administration and reception staff, and an information officer.

The practice has less patients aged 0 to 18 years and more patients aged over 65 years compared to the CCG and England averages. Income deprivation affecting older people is similar to the CCG and England average. Male and female life expectancy in this area is in line with the England average at 79 years for men and 83 years for women.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are available from 8.30am to 5.45pm. If the practice is closed Integrated Care 24 provide the out of hours service, patients are asked to call the NHS111 service to access this service or to dial 999 in the event of a life threatening emergency.

## Why we carried out this inspection

We undertook a comprehensive inspection of Falkland Surgery on 26 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement, with requires improvement for providing safe and well led services. The full comprehensive report following the inspection on 26 April 2017 can be found by selecting the 'all reports' link for Falklands Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a focused inspection of Falklands Surgery on 4 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with members of East Coast Community Healthcare Community Interest Company (ECCH) which included the Registered Manager, the Executive Director of Adult Services and the Clinical Quality Manager. We also spoke with members of the practice team which included a GP partner, a nursing assistant, reception and administration staff and the practice manager.
- Reviewed risk assessments, health and safety certificates, minutes of meetings and other information held by the practice.

# Are services safe?

## Our findings

At our previous inspection on 26 April 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- Ensure there are effective governance processes in place to identify, act on, monitor and review health and safety risks to patients and staff that are identified, including those relating to legionella, significant events and calibration testing.
- Ensure staff are trained in safeguarding to a level appropriate to their role.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system in place for reporting and recording significant events at the practice, and these had all been reported to the provider ECCH, through the electronic incident reporting system. We saw evidence that significant events were reviewed at the clinical meetings.

### Overview of safety systems and process

The completion of mandatory staff training for safeguarding children and vulnerable adults had improved. Staff had been trained in safeguarding children and vulnerable adults to a level appropriate to their role. Two members of non clinical staff who had recently joined the practice were due to complete safeguarding training and we saw evidence that the practice were monitoring the completion of this training. All GPs and the nurse practitioner had completed safeguarding children training to level three. The completion of level three safeguarding training had improved from 63% to 100% of staff.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety, and these had been acted upon. The health and safety audit had been reviewed on 12 June 2017 and on 22 September 2017. Portable appliance testing and calibration of clinical equipment to ensure it was working properly had been completed in June 2017. The practice had a legionella test certificate dated May 2017 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that appropriate checks were undertaken as advised in the risk assessment.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 26 April 2017, we rated the practice as requires improvement for providing well led services. The following improvements were needed:

- Ensure there are effective governance processes in place to identify, act on, monitor and review health and safety risks to patients and staff that are identified, including those relating to legionella, significant events and calibration testing.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing well led services.

### Vision and Strategy

Falklands surgery is a partnership with East Coast Community Healthcare Community Interest Company (ECCH). At the time of this inspection, Falklands Surgery were planning to form a partnership with a different provider. Therefore actions to share the ECCH visions and values with staff and attendance at ECCH senior management meetings had not been completed, as this was not felt to be appropriate due to the imminent partnership changes. The GP partner at Falklands Surgery, ECCH and the new provider were working together to ensure that the transfer to the new provider was managed effectively.

### Governance arrangements

The monthly partners meeting included a standing agenda which included the risk register, complaints log, incident

log and CQC action plan update. The practice held a risk register and risks were monitored to completion through these meetings. These meetings were recorded so that information was available for staff who were unable to attend. Improvements had been made in relation to the timely sharing of significant events and safety testing of equipment had been completed.

A new system for e-learning had been purchased and implemented; staff were able to access this e-learning at the practice. A monitoring system had been implemented for the completion of staff training deemed mandatory by ECCH. Responsibility for completion was monitored by the practice manager, who shared information with ECCH on completion. The practice manager could clearly identify which staff had not completed mandatory training and we saw evidence that this had been formally discussed and support offered to complete the training. From the records we viewed we saw that the completion of all mandatory training had improved from 54% at the inspection on 26 April 2017 to 88% at this inspection.

### Leadership and Culture

Staff had been informed of the planned changes in relation to the partnership of the practice and staff we spoke with informed us that they felt supported at this time of change. We reviewed minutes of meetings where these changes had been discussed with staff and staff had been given the opportunity to share their concerns and views. The roles and responsibilities of staff had been agreed and staff we spoke with advised that they were clear on their roles and responsibilities.