

# Limefield and Cherry Tree Surgeries

## 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 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 announced comprehensive inspection at Limefield and Cherry Tree Surgeries on 21 June 2017. The overall rating for the practice was requires improvement and a requirement notice was issued for a breach to regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Limefield and Cherry Tree Surgeries on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 30 January 2018 to confirm that the practice had carried out its plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 21 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had made improvements to its systems around managing, recording and mitigating risks. Fire and legionella risk assessments had been documented for both the main and branch sites and mitigating actions completed as appropriate.

- We saw recruitment checks for a newly employed member of reception staff were comprehensive.
- Prescription stationery was stored securely and systems to log its location and monitor use had been improved and were working effectively.
- The practice had implemented a new appointment system incorporating GP telephone triage, with the majority of patients receiving a call back from a GP within 30 minutes of contacting the practice.
- The practice's systems around managing complaints had been embedded and were working well.
- The practice had identified 51 patients as having caring responsibilities, which was approximately 1% of the patient list.

However, there were also areas of practice where the provider should make improvements:

- Ensure evidence of conduct in previous employment is recorded as part of recruitment checks for locums employed by the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# Limefield and Cherry Tree Surgeries

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector visited the practice and carried out a focused inspection.

## Background to Limefield and Cherry Tree Surgeries

Limefield and Cherry Tree Surgeries is a GP practice registered with CQC under a partnership of Drs Burn and Brown. It is a single location registered at the main site (Limefield Surgery, 295 Preston New Road, Blackburn) with a branch surgery (Cherry Tree Surgery, 513 Preston Old Road, Blackburn). The practice occupies two converted and refurbished residential properties on the outskirts of Blackburn. This inspection visited both the main site and branch surgery.

The practice delivers primary medical services to a list size of 4305 patients under a general medical services (GMS) contract with NHS England, and is part of the NHS Blackburn with Darwen Clinical Commissioning Group.

The average life expectancy of the practice population is in line with the national average (79 years for males and 83 years for females).

The practice caters for a higher proportion of patients over the age of 65 years (18.5%) and 75 years (9.6%) compared to local averages (14.2% and 6.2% respectively). However, the practice does cater for a lower percentage of patients who experience a long standing health condition (42.1%,

compared to the local average of 51.9% and national average of 53.2%). Less of the population in the practice's catchment area are unemployed (3.8%) compared to the local average of 6.7% and national average of 4.4%.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by one GP partner (male), with the other partner having retired in October 2017 but remaining on the partnership registration with CQC due to ongoing involvement with the practice, which did not include the ongoing clinical care of patients. In addition the practice employs a long term locum GP, an advanced nurse practitioner, two practice nurses and a health care assistant. Clinical staff are supported by a team of seven administrative and reception staff. The practice manager and administrative staff from a neighbouring practice had been providing managerial support to the practice since May 2017.

The practice is a teaching and training practice, taking medical students, foundation year doctors as well as registrars.

The main surgery is open between 8am and 6.30pm Monday and Friday, and 8am and 3pm Tuesday, Wednesday and Thursday. The branch surgery opens between 8am and 12 midday each Monday and from 3pm until 6.30pm each Tuesday, Wednesday and Thursday. Surgeries are offered throughout the time the practice is open. Extended hours appointments are available on Tuesday and Thursday mornings between 7.30am and 8am.

# Detailed findings

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

The practice had previously been inspected on 7 October 2016, when a full comprehensive inspection was completed. Following this inspection the practice was rated as inadequate overall with inadequate ratings for the key questions of safe and well led, requires improvement ratings for the key questions of effective and responsive and a rating of good for offering caring services. As a result the practice was placed into special measures. We issued the practice with a warning notice for a breach of regulation 17 (Good Governance) and requirement notices for breaches of regulations 12 (Safe Care and Treatment) and 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice was brought out of special measures after a comprehensive follow up inspection was completed on 21 June 2017. This visit resulted in the practice being rated as requires improvement overall, with the key questions of safe, responsive and well led rated as requires improvement, and the effective and caring key questions rated as good. The practice was issued with a requirement notice for a breach of regulation 17 (Good Governance).

## Why we carried out this inspection

We undertook a comprehensive inspection of Limefield and Cherry Tree Surgeries on 7 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our

regulatory functions. The practice was rated as inadequate for providing safe and well led services, requires improvement for being effective and responsive and good for providing caring services. The practice was placed into special measures for a period of six months.

As a result of the October 2016 inspection visit we issued the practice with requirement notices for breaches to regulation 12 (safe care and treatment) and regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also issued a warning notice to the provider in respect regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and informed them that they must become compliant with the law by 10 March 2017 with regards to this breach. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Limefield and Cherry Tree Surgeries on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Limefield and Cherry Tree Surgeries on 21 June 2017. This inspection resulted in the practice being brought out of special measures. The practice was rated as requires improvement overall, with the key questions of safe, responsive and well led rated as requires improvement, and the effective and caring key questions rated as good. The practice was issued with a requirement notice for a breach of regulation 17 (Good Governance).

This inspection on 30 January 2018 was an announced focussed inspection visit to follow up the regulation 17 (Good Governance) requirement notice and ensure that the required improvements had been made.

# Are services safe?

## Our findings

At our previous inspection on 21 June 2017, we rated the practice as requires improvement for providing safe services as there were gaps identified in arrangements around risk management.

These arrangements had improved when we undertook a follow up inspection on 30 January 2018. The practice is now rated as good for providing safe services.

### Safety systems and processes

The practice maintained appropriate standards of cleanliness and hygiene. Our previous inspection in June 2017 identified that although an infection prevention and control (IPC) audit had been completed and actions taken as a result, managerial oversight of these actions was limited due to these actions not being logged and documented. An updated IPC audit was not due at the time of this inspection. The practice shared with us an updated IPC audit template which would be used for the next audit which included prompts to document any actions undertaken as a result of the audit findings.

The practice had improved its documentation of required pre-employment checks as part of the recruitment process for new staff. We viewed the staff file for a new member of the reception team who commenced employment at the practice in December 2017. Appropriate pre-employment checks had been completed, such as proof of identification and we saw that evidence of conduct in previous employment had also been sought in the form of two references from previous employers. We did note that the recruitment file for the long term locum GP was not available on site during the visit, as this was held at the practice manager's other practice, which also employed

the GP as a long term locum. Immediately following the visit the practice provided evidence of the recruitment checks completed, including Disclosure and Barring Service (DBS) check (DBS 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 children or adults who may be vulnerable), check of professional registration, training completed such as basic life support, and indemnity. We noted that evidence of conduct in previous employment was not included; for example references had not been sought.

### Risks to patients

At the time of our previous inspection in June 2017, the practice had not completed an appropriate fire risk assessment for either the main or branch site. This had been addressed prior to our January 2018 inspection. We saw that comprehensive risk assessments for both sites had been completed, and all recommended mitigating actions carried out as required.

Legionella risk assessments had been documented for both sites since our June 2017 inspection (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and we saw evidence that a control regime was undertaken to minimise any risks with the premises' water system.

### Safe and appropriate use of medicines

Thorough systems were not in place at the time of our inspection in June 2017 to monitor the location and use of prescription stationery. At this visit, staff showed us that an appropriate logging system had been implemented at both the main and branch sites to monitor the use of prescription forms and pads.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 21 June 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving and patients expressed frustration with the appointment system.

These arrangements had improved when we undertook a follow up inspection on 30 January 2018. The practice is now rated as good for providing responsive services.

### Timely access to the service

The practice had implemented a new appointment system since our June 2017 visit. The new system incorporated GP telephone triage slots whereby patients requesting a GP appointment were contacted by telephone by a GP. Face to face appointments were then offered as necessary.

The practice shared data with us demonstrating that since the implementation of this system in October 2017, 82% of all patients accessing the telephone triage system received a call back from a GP within 30 minutes of contacting the surgery, with 91% being called back within one hour.

In addition, the practice had increased the number of extended hours appointments it offered so that

appointments were available with nurses as well as with GPs. Additional appointments were also available to patients from the local extended hours 'spoke' clinics, offered by the local GP federation from another local practice's premises. In June 2017 these appointments commenced at 4pm each weekday, and we saw this start time had been brought forward to 3pm.

### Listening and learning from concerns and complaints

The practice had improved the documentation around complaints received to ensure a thorough audit trail was maintained of any actions taken. The practice had logged 10 complaints since our inspection in June 2017. The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. We reviewed four recent complaints received by the practice and found that they were satisfactorily handled in a timely way, with apologies offered as appropriate and clear explanations of the actions the practice had taken to address the concerns. We saw an example where the investigation of a complaint had prompted the practice to log an associated significant event analysis which was shared with staff in order to maximise learning and minimise the likelihood of the event being repeated. Complaints were logged on the practice's electronic document management system to facilitate ease of review and monitoring of any emerging trends.

# 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 21 June 2017, we rated the practice as requires improvement for providing well-led services as there were gaps in the overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 30 January 2018. The practice is now rated as good for being well-led.

### Governance arrangements

The partners, management and practice staff had worked hard to refine the governance systems and processes and ensure they were fully embedded into practice.

Our inspection in June 2017 found examples of practice policy documents that were duplicated or referenced outdated or inconsistent information, such as the chaperone policy, complaints procedure and recruitment and training policy. We viewed these policy documents during our January 2018 inspection and found they had been updated to contain consistent, appropriate information.

A comprehensive programme of staff appraisal had been completed, with all staff having received an appraisal in the previous 12 months.

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been further improved by the practice since our June 2017 inspection. Fire and legionella risk assessments had been completed and any mitigating actions required completed in a timely manner.