Laburnum Surgery

Quality Report

14 Laburnum Terrace, Ashington, Northumberland,
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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 responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of this practice on 16 July 2015. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 19 of the HSCA (Regulated activities) 2014 Fit and proper persons employed.

We undertook this focused inspection on 17 March 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Laburnum Surgery on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Systems to manage and monitor the prevention and control of infection were in place.
- Disclosure and Barring Service checks (DBS) had been completed for all staff.
- Checks were made on NMC and GMC registration and that medical indemnity insurance was current.
- A fire drill had been carried out in the last year.
- Each member of staff had their own individual training record which set out what training they had received and when, therefore making it easy to see when refresher training was due.
- The most current published data from 2014/15 showed an improvement in the childhood immunisation rates and that they were now mostly in line with CCG/national averages.
- The practice had a system in place for handling complaints and concerns. Complaints received had been fully investigated and responded to by the practice.
- The were governance arrangements in place.

Summary of findings

However, there was one area of practice where the provider needs to make improvements.

The provider should:

- Provide specific infection control training for the infection control lead at the practice.

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.

Systems to manage and monitor the prevention and control of infection were in place and improvements had been made. A practice nurse was due to be trained as infection control lead. Disclosure and Barring Service checks (DBS) had been completed for all staff.

We saw a schedule of clinical staff which the practice manager kept and there had been checks made on NMC and GMC registration and that medical indemnity insurance was current. A fire drill had been carried out in the last year.

Are services effective?

Good

The practice is rated as good for providing effective services.

Arrangements were in place to monitor staff training and improvements had been made. Each member of staff had their own individual training record which set out what training they had received and when, therefore making it easy to see when refresher training was due. We saw records of the training the practice nurses had received, which was appropriate to their role. The practice manager had received an appraisal within the last year.

The most current published data from 2014/15 showed an improvement in the childhood immunisation rates and that they were now mostly in line with CCG/national averages.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services.

We saw that the practice had a system in place for handling complaints and concerns. The policy set out that the practice manager was responsible for complaints. The information regarding complaints for patients contained the correct information on how to take a complaint further than the practice. Complaints received had been fully investigated and responded to by the practice.

Are services well-led?

Good

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

Concerns identified by the inspection in July 2015 had been addressed and on-going improvements were being made

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

Good

The practice is rated as good or the care of older people.

All patients aged over 75 had been notified of their named GP. High risk groups of elderly patients, such as those receiving palliative care had comprehensive care plans in place. The practice had a nursing home in their area where one of the lead GPs visited every week. The elderly were offered the pneumococcal and flu vaccine. The district nurse carried out home visits to patients who were unable to attend the surgery during the winter flu vaccine season and was able to administer the vaccine if appropriate.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

The practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. Patients were seen during the practice nurse's clinics, with the GPs input where necessary. The practice nurse managed the long-term condition register. Medication reviews were usually carried out during the nurse practitioner clinics on a Saturday morning. There were examples of comprehensive care plans in place for patients with complex needs, in particular, those at high risk of hospital admission and those receiving palliative care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

The practice held ante-natal clinics which were ran by the midwife. There was no set baby clinic; the practice found it was more useful for patients to make an appointment with the practice nurse at a time which was suitable to them. A full range of immunisations for children, in line with current national guidance were offered. Childhood immunisation rates for the vaccinations given were now mostly in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96%, compared to the CCG averages of 95% to 98% and for five year olds from 74% to 100% (74% was one out of 10 vaccines the next one being 81.5%), compared to CCG averages of 95% to 100%.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

The needs of the working age population (including those recently retired and students) had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. There were appointments available with the nurse practitioner on alternate Saturday mornings. The practice offered telephone consultations. There was on-line access available to book appointments and order repeat prescriptions.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice had a learning disability register but they recognised that it was not very accurate. They were in the process of updating their records and asking this group of patients to attend for a review. All patients with a learning disability had a named GP. The practice told us they had higher numbers of patients who were experiencing substance or drugs misuse. They said they felt they were more tolerant than other practices when these groups of patients missed appointments. Patients were signposted to the substance misuse team. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

There were examples of comprehensive care plans in place for patients with complex mental health needs. The practice had a register for those experiencing poor mental health and they had a named GP. Patients were invited to the practice for an annual review. Patients experiencing severe poor mental health who required support received short term prescriptions so that the GP could monitor their progress when they attended for their medication review. One of the GPs told us they provided significant personalised counselling.

Summary of findings

The practice were aware that dementia was an area in which they should make improvements. For example, the number of patients diagnosed with dementia who had received a review in the last twelve months was 86.9%, the England average 84%.

Summary of findings

What people who use the service say

We did not speak to any patients during this focused inspection.

Areas for improvement

Action the service SHOULD take to improve

- Provide specific infection control training for the infection control lead at the practice.

Laburnum Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector carried out this inspection.

Background to Laburnum Surgery

The area covered by Laburnum Surgery is predominantly Ashington and the surrounding villages. The practice provides services from the following address and this is where we carried out the inspection, Laburnum Medical Group, 14 Laburnum Terrace, Ashington, Northumberland, NE63 0XX.

The surgery is located on a main street in a row of shops and has been established for over 100 years. Modifications have been made to the premises, it has an automatic door for wheelchair access and patient services are on the ground floor.

The practice has two GPs partners, who work part-time, one male and one female. There are two practice nurses who work part-time. There is a practice manager and there are four administrative staff which includes a secretary and three receptionists.

The practice provides services to approximately 2,200 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England.

The index of multiple deprivation (IMD) placed the practice as band two for deprivation, where one is the highest deprived area and ten is the least deprived.

The practice was open Monday to Friday 9am to 6:30pm. There is a nurse practitioner led surgery for pre-booked appointments two Saturday mornings a month. Patients were able to book appointments either on the telephone, at the front desk or using the on-line system.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We undertook an announced focused inspection of Laburnum Surgery on 17 March 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 16 July 2015 had been made. We inspected the practice against four of the five questions we ask about services: is the service safe, is the service effective, is the service responsive, is the service well-led? This is because the service was not meeting some legal requirements at the previous inspection.

We inspected this service as part of our comprehensive inspection programme.

How we carried out this inspection

We carried out an announced visit on 17 March 2016. We spoke with, and interviewed, the practice manager. We looked at records the practice maintained in relation to the provision of services.

Good

Are services safe?

Our findings

Overview of safety systems and processes

When we inspected the practice in July 2015 we were concerned with some of the infection control arrangements.

- We saw the practice manager who was not the infection control lead had carried out the last infection control audit.
- Staff had not received infection control training since 2012 and there were no training certificates to verify this.

During the inspection in March 2016 the practice manager told us that one of the practice nurses was due to take over the role of infection control lead and to receive the infection control link practitioner course which is more in depth infection control training for the lead. We saw that staff had received infection control training appropriate to their role, either clinical or non-clinical. The practice manager had carried out the last infection control audit in February 2016 and where actions had been made they were followed up on.

Previously we identified some concerns in relation to recruitment checks.

- There were no checks to ensure that clinical staff's professional registration, such as General Medical Council (GMC) for GPs and Nursing and Midwifery Council (NMC) for nurses were up to date.
- There were no regular checks of medical indemnity insurance for clinicians employed at the practice.
- Recruitment checks for the practice nurses were not in place.
- There were no checks on evidence of legal requirement to work in the UK which was stated as an action required in the practice's recruitment policy.
- There was no documented risk assessment for non-clinical staff who had been employed prior to April 2013 as to why they had not received a 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).

During this inspection we saw a schedule of clinical staff which the practice manager kept and there had been checks made on NMC and GMC registration and that medical indemnity insurance was current. There had been no new staff recruited since our last inspection therefore we could not check the recruitment process for new staff. All staff had received a DBS check since our last inspection.

Monitoring risks to patients

At our previous inspection staff told us, and the practice manager confirmed, there had been no fire evacuation drill for over 12 months. During this inspection we saw the fire risk assessment which had been updated to reflect that a fire drill had been carried out in September 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

When we inspected the practice in July 2015 we identified some concerns in relation staff training and annual staff appraisals.

- There was no central record which identified which training staff had undertaken and when remedial training was due.
- There were no training records for two of the nurses employed at the practice.
- The practice manager had not received an annual appraisal.

During this inspection we found the practice had addressed these concerns. Each member of staff had their own individual training record which set out what training they had received and when, therefore making it easy to see when refresher training was due. We saw records of the training the practice nurses had received, which was appropriate to their role. The practice manager had received an appraisal within the last year.

Health promotion and prevention

At our previous inspection in July 2015 we identified concerns regarding childhood immunisations. Almost all of the previous year's child immunisation rates were below the CCG averages. The practice manager told us they had queried this with the CCG as they believed the rates to be higher. Following our inspection the practice provided us with further information on child vaccination rates which showed higher rates.

During this inspection we looked at the most current published data from 2014/15 which showed an improvement in the data. Childhood immunisation rates for the vaccinations given were now mostly in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96%, compared to the CCG averages of 95% to 98% and for five year olds from 74% to 100% (74% was one out of 10 vaccines the next one being 81.5%), compared to CCG averages of 95% to 100%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Listening and learning from concerns and complaints

When we inspected the practice in July 2015 we identified some concerns in relation how the practice handled complaints.

- There was no designated person responsible for complaints at the practice.
- The complaints information available for patients was not up to date.
- There was a lack of documented evidence of investigation into the complaints we saw and the content of the response letters were very similar.
- There was no annual review of complaints.

During this inspection we saw that the practice had a system in place for handling complaints and concerns. The policy set out that the practice manager was responsible for complaints. The information regarding complaints for patients contained the correct information on how to take a complaint further than the practice, for example to the Parliamentary and Health Service Ombudsman.

We saw the practice had received two formal complaints since our last inspection. These had been investigated fully and documented in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints were discussed at the practice's monthly training meeting and there was to be an annual review at the end of March 2016.

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

When we inspected the practice in July 2015 we had concerns in the way the governance arrangements operated within the practice, for example staff recruitment and infection control procedures. We had concerns about the child immunisation rates which were below the CCG averages.

During the inspection in March 2016 we found;

- Concerns identified by the inspection in July 2015 had been addressed and on-going improvements were being made.
- The practice had carried out work with the CCG to look at the child immunisation rates and it was found that some of the data was incorrect. The most current published data from 2014/15 showed an improvement in the data.