

Douglas Grove Surgery

Inspection report

Douglas Grove

Witham

Essex

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Douglas Grove Surgery on 12 December 2018 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall, outstanding for people experiencing poor mental health (including people with dementia) and good for all other population groups.

We found that:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice provided care in a way that kept patients safe and protected them from preventable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice listened to their patients and organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.
- The practice continually audited and developed the services they provided to ensure patient outcomes and satisfaction was improved.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Staff told us they felt supported, valued and that management listened to their opinions.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We rated the population group people experiencing poor mental health (including people with dementia) as outstanding in both effective and responsive because;

- The practice recognised they had a high prevalence of patients with mental health needs. To manage the

needs of this cohort of patients without impacting on the service provision of other population groups, the practice recognised specialist service provision was needed. They made the decision to employ at their expense a specialist mental health nurse to hold a clinic at the practice one day a week for the last 12 months. The practice recognised this would need a whole practice approach and confirmed all staff members had received mental health and dementia training to guarantee they could provide the support patients needed both at reception and on the phone. Staff also told us they understood and were committed to the practice values regarding patients experiencing poor mental health.

- The specialist nurse could access other services and discuss cases with mental health colleagues to enhance patient's well-being and help them to remain within primary care. This reduced referring patients into a hospital setting, and ensured people were more effectively managed in primary care.
- The practice hosted counsellors two days a week from 'Health in Mind' which was part of the 'Adult Improving Access to Psychological Therapies programme' (IAPT). This hosting arrangement gave clinicians working at the practice the opportunity to seek advice quickly when needed and arrange for counselling support for patients swiftly to improve patient outcomes and reduce further anxiety.
- Because of all these initiatives the quality performance data for mental health at this practice, exceeded both local and national practice achievement and except reporting was low. We looked at quality data for this population group over time, which showed mental health data had improved over the last four years. We also noted that in the last year all the other population groups had greatly improved quality data showing the initiatives undertaken had improved all patient outcomes and confirmed quality care for all.

Whilst we found no breaches of regulations, the provider **should:**

- Improve the identification of carers to enable this group of patients to access care and support when needed.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Overall summary

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Population group ratings

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

Our inspection team

Summary here...Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Douglas Grove Surgery

Douglas Grove surgery is situated in a high area of deprivation in the outskirts of Witham in Essex. The practice also has a high prevalence of mental health concerns in their population.

Douglas Grove surgery is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Douglas Grove surgery holds a general medical services (GMS) contract for approximately 6400 patients. This is a contract between general practices and NHS England for delivering services to the local community.

The provider has two GP partners both male. The practice employed, two nurses one of which was an independent prescriber, and two health care assistants to support the GP partners in the clinical team. There was a team of secretaries, administrators, receptionists and a practice manager to support the clinical team.

There are higher than average number of patients under the age of 60, and a number of those that work commute to London making access to primary care difficult during core practice hours.