

# Leybourne Surgery

## Quality Report

1 Leybourne Avenue  
Ensburry Park  
Winton  
Bournemouth  
BH10 6ES  
Tel: 01202 527003  
Website: [www.leybournesurgery.co.uk](http://www.leybournesurgery.co.uk)

Date of inspection visit: 13 September 2016  
Date of publication: 29/09/2016

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

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 inspection of Leybourne Surgery on 13 September 2016. This review was performed to check on the progress of actions taken following an inspection we made in May 2015. Following that inspection the provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 13 September 2016 we found the provider had made the necessary improvements.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published in August 2016. This can be done by selecting the 'all reports' link for Leybourne Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings at this inspection were as follows:

The practice had improved the governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This included the introduction of:

- Improving communication and feedback with staff through meetings, policies and emails.
- Updates on the patients charter and vision for staff.
- Clear guidelines of who to report concerns to within the practice.
- Systems to monitor the governance processes. For example, a system to keep all policies under review.
- Ensuring all staff had received performance reviews.

### 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?

We did not inspect this domain

Good



### Are services effective?

We did not inspect this domain

Good



### Are services caring?

We did not inspect this domain

Good



### Are services responsive to people's needs?

We did not inspect this domain

Good



### Are services well-led?

The practice had improved the governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This included the introduction of:

- Improving communication and feedback with staff through meetings, policies and emails.
- Updates on the patients charter and vision for staff.
- Clear guidelines of who to report concerns to within the practice.
- Systems to monitor the governance processes.
- A system to keep all policies under review.
- Ensuring all staff had received performance reviews.

Good



# Summary of findings

## What people who use the service say

We did not speak with patients on this visit

# Leybourne Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our review was undertaken by a CQC Inspector.

## Background to Leybourne Surgery

We inspected the practice in May 2015 and found improvements were needed in the area of good governance. The provider sent us an action plan which detailed the steps they would take to meet the breaches in regulation. During our latest inspection on 13 September 2016 we found the provider had made the required improvements.

Leybourne Surgery is located in a residential area of Bournemouth and provides a primary medical service to just under 4,000 patients. There are two GP partners at the practice, one male and one female. Partners hold managerial and financial responsibility for running the business. One partner works nine sessions a week and performs the role of practice manager. The other GP works six sessions per week. The GPs are supported by two practice nurses, a phlebotomist (a member of staff who takes blood samples), and a health care assistant.

The practice is within the Dorset Clinical Commissioning Group (CCG) and holds a general medical services contract.

The practice is open from 8am to 6.30pm Monday to Friday. The practice closes at lunchtime from 12.30 to 13.30 but the telephone is still manned during this time.

An evening surgery is offered on Mondays from 6.30pm to 8.30pm. This is for pre booked appointments only. During these times the telephone lines are diverted to the out of hours provider.

This report relates to the regulatory activities being carried out at:

1 Leybourne Avenue

Ensbury Park

Winton

Bournemouth

BH10 6ES

## Why we carried out this inspection

We carried out this inspection at Leybourne Surgery on Tuesday 13 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation to check on the progress of actions taken following the comprehensive inspection we completed in May 2015.

We inspected the practice, in part, against one of the five questions we ask about services, specifically is the practice well led. This is because the service had previously not met some regulatory requirements. At our previous inspection in May 2015 the safe, effective, caring and responsive

## Detailed findings

domains were rated as good. Therefore, these domains were not re inspected at this inspection. As all five domains were not inspected we were not able to rate the population groups at this visit.

# Are services safe?

## Our findings

We did not inspect this domain

# Are services effective?

(for example, treatment is effective)

## Our findings

We did not inspect this domain



## Are services caring?

### Our findings

We did not inspect this domain

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We did not inspect this domain

# 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

At our inspection in May 2015 we found the provider did not always ensure the quality and safety of the practice as there were no overarching governance arrangements.

For example;

- Staff were not sure they all understood the vision and values of the practice or understood their responsibilities of the practice
- Staff were not always aware of who to go to with their concerns about the practice.
- Reception staff had not been offered a staff meeting for six months.
- There was not a process in which to keep all policies under review.
- Not all staff had received performance reviews.

At this inspection in September 2016 we saw that improvements had been made in a prompt and timely manner. Systems had been implemented and the GP partner had a process to review and monitor that these systems were being maintained. This included:

- Staff had received an update of the patients charter and what their responsibilities were regarding this. Staff we spoke with said they had found this useful.
- We spoke with staff who confirmed that communication had improved within the practice. A communication policy had been written outlining the responsibilities of

the GPs and roles of key members of staff within the practice. Staff explained that Leybourne Surgery was a good place to work and that the GPs were approachable. Staff said that they had opportunities to report any feedback or concerns either informally, at appraisal, by email or at the regular staff meetings. For example, staff explained there had been some issues regarding annual leave. The GP had listened to these concerns, discussed them with staff and provided a protocol for staff to follow which ensured a consistent approach. We were also informed that support and guidance had been provided following the introduction of the new computer system. The GP also provided a bulletin for staff called 'Record of Dissemination' which contained any updates in policy, communication or useful information. Staff explained that this was very useful as it contained an overview of the update and details of where to locate the detailed information.

- There was now a formal programme of staff meetings. These were held every two to three months. Minutes were kept which demonstrated that staff were able to raise concerns and provide feedback which was acted upon.
- We saw a written protocol explaining how policies and procedures would be kept under review within the practice. We were told this system was working well.
- All staff had received an appraisal and an 'Overview of Staffing Record' had been produced which identified common themes raised by staff which were then addressed by the partner. For example, areas for further training