

# Leesbrook 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

On 15 March 2016 we carried out a full comprehensive inspection of Leesbrook Surgery. This resulted in two Warning Notices being issued against the provider on 29 April 2016. The Notices advised the provider that the practice was failing to meet the required standards relating to Regulation 11 of the Health & Social Care Act

2008 (Regulated Activities) Regulations 2014, Need for consent, and Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

On 20 September 2016 we undertook a focused inspection to check that the practice had met the requirements of the Warning Notices. At this inspection we found that the practice had satisfied the requirements of the Notice.

# Summary of findings

Specifically we found that:

- Following the previous inspection a GP partner had given awareness training to staff on issues relating to consent. This included awareness of the Gillick competence and The Mental Capacity Act 2005. The Gillick competence is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The Mental Capacity Act 2005 protects people aged 16 and over who lack the capacity to make decisions themselves. Written information was also given to staff.
- Further training was provided to staff in June 2016 by an external provider.
- The understanding of staff on issues relating to consent had been tested following their training. In addition, the member of the nursing team we spoke with had a good understanding of all matters relating to consent.
- Consent and issues relating to the Mental Capacity Act 2005 had been discussed at clinical meetings.
- No new staff had been recruited since the previous inspection. Two new staff were in the process of being recruited. The recruitment procedure was being followed to ensure all required checks and documents were held.
- Relevant information was held for all clinicians. This included a current Disclosure and Barring Service (DBS) check and evidence of professional registration.

The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

**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 the safe domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 29 April 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

### **Are services effective?**

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 29 April 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

### **Are services caring?**

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

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

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

### **Are services well-led?**

We did not inspect the well-led domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

# Leesbrook Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector. It also included a second CQC inspector.

## Background to Leesbrook Surgery

Leesbrook Surgery is located in a residential area in Lees, a district of Oldham. The practice provides services from a purpose built two storey building. Consulting rooms are on both floors and there is a passenger lift available. There is a large car park and disabled parking is available.

At the time of our inspection there were approximately 9600 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice age and gender profile is similar to the national averages, and the proportion of patients registered who have a long standing health condition is below the CCG and national average.

There are four GP partners, two male and two female. In addition there is one salaried GP. There are also two practice nurses, a nurse practitioner, a community matron (directly employed by the practice) and a healthcare assistant. There is a practice manager and administrative and reception staff.

Normal opening hours are 8am until 6.30pm Monday to Friday and 9.30am until 12.30pm on Saturdays. GP consulting times are:

Monday 8.30am until 11am and 2.20pm until 5pm.

Tuesday 7.30am until 11am and 1.30pm until 5pm.

Wednesday 7.30am until 12 noon and 1pm until 5pm.

Thursday 8.30am until 11.30am and 2pm until 5pm.

Friday 7.30am until 11.30am and 2pm until 5pm.

Saturday 9.30am until 12 noon.

There is an out of hours service available provided by Go To Doc Limited.

We undertook a full comprehensive inspection of the surgery on 15 March 2016. As a result of that inspection the practice was served with two Warning Notices dated 29 April 2016.

Regulation 11 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent, and Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. The notices required the practice to address the failings by 31 August 2016.

## Why we carried out this inspection

This was a follow up focused inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care

Act 2008 and to check if the practice had met the specifications of the Warning Notice issued on 29 April 2016.

# Detailed findings

## How we carried out this inspection

Before our inspection we reviewed information we held about the practice. We carried out an announced focused

inspection on 20 September 2016 to check only the issues identified in the Warning Notices that were issued on 29 April 2016. During our inspection we reviewed documents held at the practice and spoke the practice manager and a member of the nursing team.

# Are services safe?

## Our findings

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 29 April 2016.

The practice manager told us that since the previous inspection in March 2016 no new staff had been recruited. However they were in the process of recruiting two new staff members.

We saw that for these individuals the practice was following a robust recruitment process. A full work history had been provided and interviews had been held with records kept.

Evidence of identity including a recent photograph had been copied. The practice had sent off for Disclosure and Barring Service (DBS) checks, and references had been requested, with some returned.

We looked in the personnel files of clinical staff members. We saw evidence that they had up to date registration with the appropriate professional body. An up to date DBS check was also held for each clinician.

The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

# Are services effective?

(for example, treatment is effective)

## Our findings

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 29 April 2016.

We saw that following the previous inspection a GP partner had delivered awareness training on all aspects of consent. This included the Gillick competence and the Mental Capacity Act 2005. The Gillick competence is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The Mental Capacity Act 2005 protects people aged 16 and over who lack the capacity to make decisions themselves. Staff signed to say they had received the training, and their knowledge of the subject was tested following the training session. They were also provided with written information about consent.

External training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was also arranged for staff. A copy of the training provided was kept by the practice.

We spoke with a member of the nursing team who provided evidence they had attended a full day course on the Mental Capacity Act 2005. They told us they found this very beneficial and they were able to disseminate the training to other staff. They had a good understanding of all issues relating to consent and were fully conversant with Mental Capacity Act assessments and Best Interest meetings. Best interest meetings take place when an adult lacks the capacity to make a decision themselves and needs others to make decisions on their behalf.

We saw evidence that consent and the Mental Capacity Act 2005 had been discussed in clinical meetings. These discussions included the need for staff to be aware of consent issues that may arise when administering seasonal flu vaccinations. We saw that consent forms were in place and staff had a laminated template to give them guidance if capacity to consent was an issue with a patient.

The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

# Are services caring?

## Our findings

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

# Are services well-led?

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

## Our findings

We did not inspect the well-led domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15 March 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.