

Estover Surgery

Quality Report

Estover Health Centre
Leypark Walk
Estover
Plymouth
PL6 8UE

Tel: Tel: 01752 789030

Website: www.estoversurgery.co.uk

Date of inspection visit: 09/08/2016

Date of publication: 13/09/2016

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Estover Surgery	4
Why we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an inspection of Estover Surgery on the 9 August 2016. This review was performed to check on the progress of actions taken following an inspection we made on 4 November 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 9 August 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 on 11 February 2016. This can be done by selecting the 'all reports' link for Estover Health Centre on our website at www.cqc.org.uk

Our key findings at this inspection were as follows:

- The practice had improved the health and safety for patients by improving the arrangements for managing medicines (vaccines).

- Patient safety had been improved by introducing more robust recruitment checks of locum staff.
- Improvements to records had improved patient safety. This had included ensuring the confidentiality of patient records, ensuring fire safety records were available and identifying a lead GP who would be responsible for safeguarding vulnerable patients at the practice.
- Staff had received additional training to show they had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had gathered feedback from patients through the surveys and complaints received. The practice had begun to establish a patient participation group.

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 well-led?

We found governance arrangements for considering risks had now been considered. For example;

- Improvements to the arrangements for managing medicines (vaccines) had been made.
- More robust recruitment checks were now in place.
- Improvements to the storage and availability of records had improved
- There was now a lead GP who was responsible for safeguarding vulnerable patients at the practice.
- Staff had received additional training to show they had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had begun to establish a patient participation group.

Good



Estover Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our review was undertaken by a CQC Inspector.

Background to Estover Surgery

We inspected the practice in November 2015 and found improvements were needed in the area of 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 9 August 2016 we found the provider had made the required improvements.

Estover Surgery is a GP practice providing primary care services for people living in suburbs around the city of Plymouth. The premises are a single storey building, which was purpose built and is accessible for people who are wheelchair users.

Estover Surgery has two partner GPs, (one female and one male) one practice nurse, one healthcare assistant, four receptionists who also undertook administrative duties, and a practice manager. The practice had about 2000 people registered as patients on the day of the inspection visit who received care and treatment including chronic disease management, child immunisation, travel vaccinations, phlebotomy (the process of taking blood), family planning and minor surgical procedures.

Estover Surgery is a teaching practice, where medical students observe GP clinics and gain knowledge of working in a GP practice.

Estover Surgery shares its premises with another GP surgery. The staff told us that people were given a practice leaflet about both practices to enable them to make a choice about which practice to join. The staff also said that people could change practices if this was their preference.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments times varied each day but were generally from 8.30am until 1pm and from 3:30pm to 6pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Extended hours surgeries are offered on Wednesday evenings until 7:45pm.

When the practice is closed there is a telephone service to an NHS out of hours provider.

Why we carried out this inspection

We carried out this inspection at Estover Surgery on 9 August 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 on 4 November 2015.

We inspected the practice, in part, against one of the five questions we ask about services, is the service well led. This is because the service had previously not met some regulatory requirements. At our previous inspection in November 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 well-led?

Good 

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

Our findings

Governance arrangements

The practice had systems and procedures in place to promote good patient care

At our inspection in November 2015 we found there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found that not all risks had been considered. For example;

- A system to oversee the shared, leased building fire safety records was not in place.
- Risks to breaches of patient confidentiality through access to patient records by unsupervised cleaning staff outside of normal practice opening hours had not been assessed.
- There had been no management oversight of medicine fridge optimal temperature ranges, and no action had been taken to manage the results of temperature checks.
- Recruitment checks for locum GPs was not as robust as for permanent staff.
- There was no overarching annual staff training plan and a lack of clarity as to whether staff had received or needed particular training.

At our inspection in August 2016 we found improvements had been made:

- We found the fire safety records were easily accessible by staff within the practice.

We saw that the practice had taken measures to ensure confidentiality by contacted the cleaning company to ensure that all workers had had a Disclosure and Barring service check (DBS) and that they understood and had signed a confidentiality agreement.

- We found the management of the medicines fridge and the storage of vaccines had improved. The practice had purchased a device which recorded the temperature of the fridge every 20 minutes and would record if there was power failure so staff could take action to ensure vaccines remained safe to use.
- Recruitments checks for locum staff had improved and a detailed checklist was in place.
- Staff training was now monitored and updates for staff were undertaken when needed. In particular we saw that staff had training in the Mental Capacity Act 2005 booked in for September 2016. All staff had received safeguarding training and a GP had been named as the lead person for this.

Seeking and acting on feedback from patients, the public and staff

At our inspection in November 2015 we saw the practice valued feedback from patients, the public and staff. It had gathered feedback from patients through surveys and complaints received. However, there was no patient participant group set up to represent views of patients for improvements to the practice management team.

At this inspection in August 2016 we saw that improvements had been made. We saw that the practice had posters in the waiting room asking patients to join the group. The staff informed us they were about to advertise it on their website. They had planned a meeting in September 2016 to start up a group, to date they had seven patients who were interested in being involved. The practice encouraged patients to provide feedback about services through the NHS Friends and Families test via their website. Latest results showed 94% of patients were likely to recommend the practice.