

# The Lennard Surgery

## Quality Report

The Lennard Surgery  
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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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection at The Lennard Surgery on 15 December 2016 to check if improvements had been made in response to our previous comprehensive inspection on 29 September 2015.

On 29 September 2015 we found the practice required improvement in the safe domain and was rated by us as good for effective, caring, responsive and well-led domains. Overall the practice was rated as good. We issued a requirement notice with regards to the breach of Regulation 19 of the Health and Social Care Act (Regulated Activity) Regulations 2014, Fit and proper persons employed:

- The requirement notice was for the provider to make improvements to ensure recruitment arrangements included all necessary employment checks for all staff. During our inspection we saw personnel employed to carry on the regulated activity did not have the appropriate checks through the Disclosure and Barring Service or risk assessments to identify they were not required. The practice did not hold the required specified information in respect of persons employed by the practice as listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition we told the provider they should:

- Evidence that action plans were implemented and completed to rectify concerns found during infection control audits.
- Have a system of recording comments / verbal complaints made to the service for audit purposes.
- Continue to develop a system of clinical audits and re-audits to improve patient outcomes.
- Have a risk assessment and policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).

A copy of the report detailing our findings can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings across the areas we inspected on 15 December 2016 were as follows:

- There was a system to ensure appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Infection prevention and control systems for healthcare-associated infection were in place.
- The practice assessed, planned and effectively managed potential risks to the service from fire.

# Summary of findings

- The practice monitored patient care and treatment outcomes through clinical audits and re-audits.
- There was a system to record and respond to patient verbal complaints and concerns.

**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?**

The practice is now rated as good for providing safe services. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice on 29 September 2015. This included reliable systems, processes and practices in place to support safe recruitment practices including disclosure and barring checks being carried out on all staff with personal contact with patients.

**Good**



# The Lennard Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector.

## Background to The Lennard Surgery

The Lennard Surgery, 1 Lewis Road, Bedminster Down, Bristol, BS13 7JD provides support for approximately 8060 patients in the Bedminster Down area in South Bristol and in the neighbouring communities of Hartcliffe and Withywood, where there are high levels of deprivation. With one of the highest proportions of elderly patients in Bristol (20% over the age of 65), there is a higher number of people with multiple chronic diseases and age related conditions.

The Lennard Surgery is made up of three houses, previously domestic dwellings, and there are a number of adaptations that have been made including ramps to the entrance and one of the fire exits; a lift that serves the first floor consulting rooms and patient controlled self opening entrance doors. There are nine consulting rooms over two floors; three treatment rooms and a phlebotomy room on the ground floor. The waiting room is not large but has been improved to accommodate wheelchair users and parents with baby buggies. There are three patient toilets including one with facilities for patients with disabilities. Administrative offices, staff toilets, common room, kitchen and meeting room are also on the first floor. There are staff parking spaces but no car park for patients.

There are five partners and two salaried GPs, three male and four female. There are three practice nurses, who include nurse prescribers and an advance nurse

practitioner. The practice has two health care assistants and a phlebotomist. The clinical staff are supported by a general manager, practice manager and an administration team. The practice is a training practice for Foundation Level 2 doctors, post graduate training for newly qualified medical practitioners and is also involved in clinical research.

The practice telephone lines are open from 8:30am until 6:30pm Monday to Friday. Appointments are available for on the day urgent and pre-booked routine GP and nurse appointments from 08:30am to 1:00pm and 2:00pm to 6:30pm each day. Additional surgeries are open on two

Saturday mornings per month for booked appointments for those patients who are not able to attend during the week. The practice provides 50/50 appointments, 50% of appointments are able to be pre-booked from six weeks in advance, and the rest are available on the day.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, remote care monitoring and childhood vaccination and immunisation scheme.

The practice does not provide Out Of Hour services to its patients, this is provided by BrisDoc.

Contact information for this service is available in the practice and on the website.

# Detailed findings

## Why we carried out this inspection

The Lennard Surgery were previously inspected 29 September 2015. We rated the safe domain as requires improvement and rated the practice as good overall. We issued a requirement notice with regards to regulation 19 Health and Social Care Act (RA) Regulations 2014 Fit and proper persons employed.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The purpose of this inspection was to check if sufficient improvements had been made to comply with the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice including an action plan from the practice to report on their plan to meet CQC essential standards. We undertook this focused inspection on 15 December 2016 to follow up on breaches of Regulation 19 Health and Social Care Act (RA) Regulations 2014 Fit and proper persons employed.

We also looked at recommendations we told the practice they should consider relating to infection control audits, verbal comments and complaints by patients, clinical audits and the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).

During our visit we spoke to the general manager, practice manager, clinical services manager and a GP.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Overview of safety systems and processes

- At our last inspection we observed that measures to prevent infection were in place and staff had undertaken infection control training. There was an infection control protocol. Annual infection control audits were undertaken and we saw evidence that action plans were implemented to rectify concerns. However, there was no written evidence to demonstrate that follow up checks were undertaken.
- On this inspection we found the practice had taken measures to address this area. An up to date infection control protocol was in place. We saw evidence of a new process where a monthly walk around audit was completed in addition to annual infection control audits. Actions had been identified with evidence of changes being implemented. For example, in October 2016 a walk around audit had identified concerns regarding cleanliness in a consulting room. Actions taken included discussion with the staff using the room around the practice infection control protocol and deep cleaning of the room by cleaning staff.
- During last inspection we reviewed two personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. There was variable evidence available to show proof of identification and references had been obtained; there was some documentation in regard to qualifications and training certificates; some registration details with the appropriate professional body had not been obtained and a copy of an employee's previous Disclosure and Barring Service (DBS) check with another employer had been retained in their records but no new one obtained by the provider. There was no evidence a risk assessment had been carried out to ensure patients were safe until these DBS checks had been returned. (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).
- On this visit we reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. We observed that a new, comprehensive personnel file checklist had been implemented along with a DBS risk assessment. We also looked at the practice document management system where there was evidence that all staff were up to date with their DBS checks. The system flagged expiry dates to the practice manager which meant processes for new checks could be made in advance. The document management system showed staff registrations with professional bodies and evidenced when annual checks were completed as well as recording staff training.
- At our last inspection the practice had undertaken two clinical audits in the past 12 months; one of these audits was generated by a GP at the practice to look at specific drug treatment for patients with a diagnosis of an inflammatory disease such as rheumatoid arthritis. The other was participating in the Bristol Clinical Commissioning Group audit into antimicrobial prescribing. Neither audit had been completed with a second cycle of auditing.
- We found on this inspection evidence of a quality improvement programme which included clinical audit. The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We reviewed two clinical audits undertaken in the last year. One audit reviewed the care and treatment of patients with diabetes who had diabetic foot pathologies such as ulcers. Another looked at the management and treatment of gestational diabetes. (Gestational diabetes is when a woman without diabetes, develops high blood sugar levels during pregnancy which can affect the health of the unborn child). Both these audits were due to undergo a second audit cycle in 2017. We also saw a re-audit of Vitamin D medicines had been undertaken. The practice had quarterly, clinical education meetings and monthly clinical meetings where audits were discussed and minutes kept.
- On our last inspection we spoke with the practice about complaints and found these were satisfactorily responded to in a timely way. We were told minor concerns or comments were responded to immediately including apologies and actions taken to prevent reoccurrence. We were also told these complaints and concerns were shared with staff. However, there was limited recorded information of how these verbal or minor concerns or comments were responded to, or if trends or themes of concerns were identified.

## Are services safe?

- On this visit we saw that the practice had implemented a recording system for comments and verbal complaints made to the service for audit purposes.

### Monitoring risks to patients

- At our previous inspection we observed that there were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. However, their fire safety protocols did not match the practices which were carried out by staff, such as the detail of the drills and checks in place. There was no method or protocol for legionella in the water systems in the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- On this inspection we reviewed the practice fire safety protocols and practices. We saw that three fire drills had

been carried since our last inspection. There was a clear written procedure for staff to follow with specific actions for staff groups to take. Comprehensive reports had been completed after each event and there was evidence actions had taken place to resolve areas of concern. For example, one person had left work and was showing on the system as having not logged out. We saw the practice had spoken to the member of staff and a poster had been attached to the staff exit to remind all staff to log out of the practice system.

- We also reviewed the practice risk assessment and policy for the management, testing and investigation of legionella. We saw evidence that following our last inspection the practice had undertaken water quality testing. The practice had a legionella risk assessment in place with regular processes to monitor and mitigate potential risks.