

# Blundellsands 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.

## Ratings

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 comprehensive inspection at this practice on 12 November 2015.

A breach of legal requirements was found. The practice was required to make improvements in the domain of 'Safe'.

After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse.

We undertook this focused follow-up review to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Blundellsands Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Improved systems were in place to ensure that all requests for child safeguarding reports were being met.

**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?**

Improved systems had been developed and implemented, to ensure that any requests for child safeguarding reports were being met by GPs at the practice. A system of audit had been used to check and measure improvements. Where any request for a safeguarding report had not been met within required timescales, the practice used the significant event process to record, investigate and analyse reasons why this had occurred. The results of the audit and any changes to practice were shared with all clinicians and staff.

**Good**



# Summary of findings

## What people who use the service say

As this was a desk based, focussed follow-up review we did not speak to any patients.

# Blundellsands Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Inspector carried out this desk based, focused follow-up review.

## Background to Blundellsands Surgery

Blundellsands Surgery is located in a residential area of Merseyside and falls within South Sefton Clinical Commissioning Group (CCG). The practice premises which were once a domestic property, have been converted over a number of years to provide GP led services to approximately 10,400 patients. The practice is not currently accepting any new patients.

The practice team is made up of two GP partners supported by four salaried GPs, providing patients with 3 female GPs and 3 male GPs. The partners advised they are currently advertising for a further salaried GP. Blundellsands Surgery is also a teaching practice, hosting 3 GP registrars at the time of our inspection. Further clinicians include an advanced nurse prescriber, a practice nurse and two health care assistants. The practice support team is led by a practice manager who is supported by a team of administrative and reception staff. This team includes an office manager and an IT and quality outcomes manager. Services are delivered under a General Medical Services (GMS) contract.

The practice is open between 7.30am and 6.30pm Monday to Friday, with further extended hours opening on Monday and Thursday until 8pm .

In the out of hours period patients are directed to call NHS 111, who triage calls and refer to the appointed out of hours provider for the area, Go to Doc.

## Why we carried out this inspection

This desk based, focused follow-up review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in November 2015, had been implemented. We reviewed the practice against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements at the previous inspection.

## How we carried out this inspection

We carried out a desk based, focused follow-up review of Blundellsands Surgery. We spoke with the practice manager and looked at records the practice maintained in relation to child and adult safeguarding procedures.

# Are services safe?

## Our findings

When we inspected the practice in November 2015, we found that systems to manage requests for child safeguarding reports were not effective.

### Overview of safety systems and processes

On this desk based, follow-up review, carried out on 20 July 2016, we found that arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Systems to manage requests for safeguarding reports had been improved.

We saw that electronic records of vulnerable adults were well managed. To achieve this, the practice had undertaken

an audit of all patients on the safeguarding register and all requests for safeguarding reports in respect of those patients. The practice reviewed all reports produced to see if they met the required standards. The practice had used the results of the initial audit cycle to focus on improvements required and improve systems for all clinicians and staff to follow.

A further review was conducted, repeating the cycle of checks on the number of safeguarding report requests received, the quality of reports, and whether they had been submitted within the required timescale. The practice recorded significant improvements. Where submission of a report did not meet the required timescales, the practice treated this as a significant event to identify how the timescale for submission of the report had been missed. The practice shared the results of the audit and the findings of the significant event analysis with all staff at practice meetings.