

# The Summerhill Surgery

## Quality Report

Summerhill  
Kingswinford  
DY6 9JG  
Tel: 01384273275  
Website: [www.summerhillsurgery.com](http://www.summerhillsurgery.com)

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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



Are services effective?

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 visit of The Summerhill Surgery, in September 2015. As a result of our comprehensive inspection breaches of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified an area where the provider must make improvement and an area where the provider should improve.

We carried out a focussed desk based inspection of The Summerhill Surgery on 17 November 2016 to check that the provider had made improvements. 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 The Summerhill Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Our key findings across all the areas we inspected were as follows:

- Since our comprehensive inspection in September 2015, the practice had introduced a more formal programme of practice meetings. Minutes of meetings highlighted that shared learning took place throughout the practice. This included learning as a result of significant events, incidents and complaints.
- When we inspected the practice during September 2015 we found that the practice had not formally assessed the risk in the absence of disclosure and barring (DBS) checks for non-clinical staff that chaperoned. As part of our desk based inspection we saw evidence to demonstrate that DBS checks had since been completed for the four non-clinical members of staff who chaperoned. We also saw records to support that staff received appraisals.

**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 rated as good for providing safe services.

- As part of our desk based inspection the practice manager shared information and supporting evidence to demonstrate how the practice had introduced a more formal programme of practice meetings.
- Topics such as significant events and complaints were discussed during practice meetings. Minutes of meetings highlighted that shared learning took place throughout the practice. This included learning as a result of significant events, incidents and complaints.
- When we inspected the practice during September 2015 we found that the practice had not formally assessed the risk in the absence of disclosure and barring (DBS) checks for non-clinical staff that chaperoned. As part of our desk based inspection we saw evidence to demonstrate that DBS checks had since been completed for the four non-clinical members of staff who chaperoned.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- When we inspected in September 2015 we identified that that one of the clinical staff members had not had an appraisal for two years. As part of our desk based inspection we saw evidence of the most recent appraisal completed in September 2016 for the staff member in question.

Good



# The Summerhill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

## Background to The Summerhill Surgery

The Summerhill Centre is a long established practice located in the Kingswinford area of Dudley. There are approximately 6045 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is led by a lead GP partner and a practice manager partner. The clinical team includes three GPs, two advanced nurse prescribers, a healthcare assistant, a physician's assistant and a pharmacist. The practice is supported by an office manager, a team of six receptionists and an apprentice who cover reception, secretarial and administration duties.

The practice is open between 7:30am and 7pm on Mondays, Tuesdays and Wednesdays, with appointments from 8am to 6:30pm. On Thursdays and Fridays the practice is open between 8am and 6:30pm, with appointments from 8:30am to 6pm. Pre-bookable appointments can be booked up to six weeks in advance, urgent appointments and telephone consultations are also available for people that needed them. Patients requiring a GP outside of the practices opening hours are advised to contact the GP out of hour's service provided by Malling Health.

## Why we carried out this inspection

We carried out a focussed desk based inspection of this service 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 had made improvements identified during the comprehensive inspection carried out in August 2015.

## How we carried out this inspection

We undertook a focussed desk based inspection on 17 November 2016. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# Are services safe?

## Our findings

### Safe track record and learning

When we inspected the practice in September 2015 we found that learning from significant events was discussed individually and in small teams. The practice did not have a structure of regular staff meetings where learning was widely shared.

As part of our desk based inspection the practice manager shared information and supporting evidence to demonstrate how the practice had introduced a more formal programme of practice meetings following the practices comprehensive CQC inspection:

- The practice developed a 'minute book' to record key details from a variety of meetings, these included records to support multidisciplinary team meetings, team meetings and any general practice meetings.
- Information shared by the practice highlighted how the minute book created an audit trail for attendees to reflect on previous meetings, monitor actions and to record shared learning from various areas including significant events, incidents and complaints.
- We saw evidence of minutes to support some of the meetings that had taken place between February 2016 and August 2016. Records of minutes demonstrated that learning was shared in relation to four significant events

which had been discussed in the practice during this period. Examples included strengthening protocols when registering patients and the importance of maintaining adequate record and medication history for new and temporary patients. We also saw that patient deaths were discussed in practice meeting with learning shared through the practices significant event process, as well as end of life care arrangements.

### Overview of safety systems and processes

When we inspected the practice during September 2015 we found that the practice had not formally assessed the risk in the absence of disclosure and barring (DBS) checks for non-clinical staff that chaperoned. 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. As part of our desk based inspection the practice shared records to reflect that risk was formally assessed shortly after our comprehensive inspection had taken place. Records of the risk assessment for staff members who chaperoned in the absence of DBS checks indicated that chaperones were never left alone with patients however a decision was made to complete DBS checks for these staff members. To support this, as part of our desk based inspection we saw evidence to demonstrate that DBS checks had since been completed for the four non-clinical members of staff who chaperoned.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

When we inspected in September 2015 we identified that that one of the clinical staff members had not had an appraisal for two years. As part of our desk based review

the practice manager confirmed that this was rectified immediately and that two appraisals had since been completed for the staff member in question. To support this, we were provided with evidence of the most recent appraisal completed in September 2016 for the advanced nurse practitioner.