

Dr Helen Osborn

Quality Report

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West Lavington
Devizes
Wiltshire
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Date of inspection visit: This inspection was carried out without visiting the practice on 25 April 2017
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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 effective?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 14 September 2016 we carried out a comprehensive inspection at Dr Helen Osborn, which is also known as Courtyard Surgery. Overall the practice was rated as requires improvement. Specifically, the practice was found to be good for providing safe, caring and responsive services, and requires improvement for effective and well led. We told the practice they must:

- Ensure actions plans are completed for issues identified in infection control audits.
- The practice must ensure they use quality improvement methods, including clinical audit, to monitor quality and to make improvements within the practice and ensure that learning from these is appropriately discussed and shared with practice staff.
- The practice must keep records of all essential training received by staff.

Following the inspection the provider sent us an action plan that set out the changes they would make and subsequently supplied information to confirm they had completed the actions.

This focused desk based inspection was undertaken on 25 April 2017 to ensure that the practice was meeting the regulation previously breached. For this reason we have

only rated the location for the key questions to which this related. This report should be read in conjunction with the full report of our inspection on 14 September 2016, which can be found on our website at www.cqc.org.uk.

The practice is now rated as good for the provision of effective and well-led services. The overall rating is now good. Our key findings were as follows:

- An infection control audit had been completed in January 2017 and an action plan set out follow up actions that had been completed.
- There had been four clinical audits completed since our inspection in September 2016.
- The practice had a planned schedule for audits and repeat audits.
- The practice was keeping records of all essential training received by staff.

The area where the provider should make improvement are:

- Review the practice system of meetings and communications to ensure they meet the regulatory requirements.

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 effective?

When we visited Dr Helen Osborn on 14 September 2016 to carry out a comprehensive inspection, we found the practice required improvement for the provision of effective services because:

- There was insufficient evidence of quality improvement activity including clinical audit.
- There was no evidence that any staff other than the lead GP had received training in the Mental Capacity Act 2005.

We undertook a desk-based follow up inspection of the service on 25 April 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. We saw evidence that;

- The practice had provided evidence of quality improvement. There had been four clinical audits commenced since our inspection in September 2016 and reviews were planned.
- The practice had a planned schedule for audits and repeat audits.
- All staff had received training in the Mental Capacity Act 2005.

The practice is now rated as good for providing safe services.

Good



Are services well-led?

When we visited Dr Helen Osborn on 14 September 2016 to carry out a comprehensive inspection, we found the practice required improvement for the provision of well-led services because:

- There were no regular meetings when all GPs were present.
- Not all complaints had been discussed at the practice meetings.

We undertook a desk-based follow up inspection of the service on 25 April 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. We saw evidence that;

- Complaints and significant events were discussed at practice meetings and minutes shared with staff unable to attend. They were introducing a system for staff to confirm they had read the minutes of meetings they were unable to attend.
- The practice had two part-time GPs who worked on different days and it was not possible to hold routine meetings where all GPs attended. However they had reviewed how they managed meetings to ensure they had an effective system of communication.

The practice is now rated as good for providing well-led services.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 14 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Helen Osborn

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based focused inspection was undertaken by a CQC inspector.

Background to Dr Helen Osborn

Dr Helen Osborn is the registered name of the practice more usually known as Courtyard Surgery. It is a small rural practice based in the village of West Lavington, on the edge of Salisbury Plain in Wiltshire. It is one of the practices within the Wiltshire Clinical Commissioning Group and has

approximately 2,650 patients. The building offers good facilities, including three consulting rooms, three treatments rooms, automatic door, self-check in appointment system, low level reception desk for wheelchair users and a toilet with access for people with disabilities.

The area the practice serves has low numbers of people from different cultural backgrounds although the practice had recognised an increased number of Polish people registering at the practice. It is in the low range for deprivation nationally. The practice has a higher than average patient population over 45 years old.

The practice provides a number of services and clinics for its patients including: childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice services, including; smoking cessation, careers clinic, asthma management, diabetes, heart disease and high blood pressure management.

The practice is owned and run by one full time female GP, supported by two part time salaried GPs, one male and one female. There is a nurse prescriber, a practice nurse, two health care assistants and an administrative and reception team of nine staff led by the practice administrator.

The practice is a teaching and training practice. (A teaching practice accepts provisionally registered doctors undertaking foundation training, while a training practice accepts qualified doctors training to become GPs who are known as registrars.) At the time of our inspection on 25 April 2017 they had one registrar working with them.

The practice is open between 8am and 12.30pm in the morning and 1.30pm to 6.30pm on weekdays, except on Fridays when they open until 8.00pm.

GP appointments are available 8.30am to 12.00pm every morning and 2.30pm to 6pm every weekday, except on Monday when appointments start at 8am. Extended hours appointments are offered from 6.30pm to 8pm on Friday. Appointments can be booked over the telephone, on line or in person at the surgery. An alternative emergency number for the surgery is advertised on the practice's website and in the patient leaflet. When the practice is closed patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from:

- 39 High Street, West Lavington, Devizes, Wiltshire, SN10 4JB

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of Dr Helen Osborn Practice on 14 September 2016 and published a report setting out our judgements under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for Dr Helen Osborn on our website at www.cqc.org.uk.

We undertook this follow up desk-based focused inspection of Dr Helen Osborn on 25 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before undertaking this desk-based focused inspection, we reviewed a range of information that we hold about the practice. We reviewed the information sent to us by the practice. We spoke with one GP on the telephone. We did not visit the practice again because they were able to demonstrate that they had taken action to address the breaches of regulation found during the inspection of 14 September 2016.

The practice had previously been rated as good in delivering safe, caring and responsive services. Therefore, we focused this review on the questions of:

- Are services effective?
- Are the services well-led?

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

When we visited Dr Helen Osborn on 14 September 2016 to carry out a comprehensive inspection, we found the practice required improvement for the provision of effective services because:

- There was insufficient evidence of quality improvement activity including clinical audit.
- There was no evidence that any staff other than the lead GP had received training in the Mental Capacity Act 2005.

Following publication of our inspection report the practice sent us an action plan that set out the changes they would make and prior to this inspection supplied information to confirm they had completed these actions.

What we found at this inspection

We undertook a desk-based follow up inspection of the service on 25 April 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits since our inspection in September 2016. None of these were full cycle audits where the improvements made had been monitored, although we noted that these audits had been discussed at clinical meetings and a repeat audit had been scheduled.
- The practice had a planned schedule for audits and repeat audits.

Effective staffing

- All staff had received training in the Mental Capacity Act 2005.
- We saw evidence the practice had adopted a new system to ensure staff completed essential training and had a record of the training staff had completed.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection

When we visited Dr Helen Osborn on 14 September 2016 to carry out a comprehensive inspection, we found the practice required improvement for the provision of well-led services because:

- There were no regular meetings when all GPs were present.
- Not all complaints had been discussed at the practice meetings.

Following publication of our inspection report the practice sent us an action plan that set out the changes they would make and prior to this inspection supplied information to confirm they had completed these actions.

What we found at this inspection

We undertook a desk-based follow up inspection of the service on 12 April 2017. The practice is now rated as good for providing well-led services.

Governance

- The practice had reviewed how they managed meetings and communication with the practice to ensure information was shared with staff unable to attend meetings.
- There was a meetings protocol which set out the usual frequency of meetings, who was expected to attend,

how meeting minutes were shared and where they were stored. Staff unable to attend a meeting were given a paper copy of the minutes and sent a copy by email. Meeting minutes were also available on the practice shared computer drive.

- We saw evidence that complaints and significant events were discussed at meetings and appropriate action taken.
- The practice had a large white board in the office which they used to keep track of patients at higher risk, such as births, deaths, hospital admissions and patients on palliative care. This board was not visible to people other than staff. The practice told us this board was updated and discussed daily by the GPs at informal meetings.
- The practice told us that because they had two part-time GPs who worked on different days it was not possible to hold routine meetings where all GPs attended. However, following their review of meeting, a system was being introduced for staff to confirm they had read the minutes of meetings they were unable to attend.
- The practice was also planning to introduce six monthly half-day meetings which all clinical staff would be expected to attend.
- Because not all the proposed changes had been implemented, it was not possible for the practice to review the new system of meetings and communications to ensure they meet the regulatory requirements.