

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Blakeney Surgery

Mill End, Blakeney, GL15 4ED

Tel: 01594510225

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Blakeney Surgery
Registered Manager	Dr. Martin Gibbs
Overview of the service	Blakeney Surgery is a GP practice serving over 3000 patients in the rural community of Blakeney and surrounding areas. The practice has a higher proportion of older people and of people with learning disabilities. The practice also provided medical cover to two community hospitals within the Forest of Dean.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

We looked at documents held by the provider, spoke to staff and looked at the results of a satisfaction survey from 2013. We asked the reception staff if they could ask patients if they would like to talk to us. Only one patient chose to do this.

The staff we spoke to all confirmed that patients were involved in the decisions effecting their care. Staff were aware of the lack of privacy at reception. We saw signs on display that told patients private rooms were available should they want to discuss any private matters. We looked at the training records for staff. This showed us that all staff had been trained in basic life support. The records also showed us that all staff had received training for the safeguarding of children. We noted that a plan was in place to also make sure staff were trained in the safeguarding of vulnerable adults. The staff we spoke to all had a good understanding of safeguarding. They understood their own responsibilities to recognise and report concerns. The practice had good quality monitoring systems in place. These included regular clinical audits and listening to what patients had said in complaints, the patient satisfaction survey or other feedback from the local community.

We spoke to one patient who told us "this practice does far more than it should be doing, it is a real part of our community. They just don't worry about the patient when they walk through the surgery door." "They look after the whole community all of the time".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. An information leaflet was available to patients informing them of the services offered by the practice. A website was also available for those patients who had access to the internet.

People expressed their views and were involved in making decisions about their care and treatment. The staff we spoke to all confirmed that patients were involved in the decisions effecting their care. As an example for patients with respiratory problems, the staff showed how they explained the positives and negatives of exercise classes. Different inhalers were also shown to the patient so they were able to pick one that worked best for them. We were told that whenever medicines were changed, a follow up appointment was booked within a month to review how it was working for the patient or whether further changes needed to be made. The one patient we spoke to confirmed that they were involved in any decisions at all times.

People who used the service were given appropriate information and support regarding their care or treatment. Patients were given verbal explanations by practice staff where necessary. The practice had information leaflets available to patients relating to different medical conditions and treatments.

People's diversity, values and human rights were respected. We observed staff treating patients with respect during our visit. We also observed how well the staff knew each patient. At the time of our visit, only one patient was not able to speak English. The practice had protocols in place to use an interpreting service as and when necessary. The practice manager also told us that the patient's adult daughter translated during most consultations because this was the patients wish. During our visit we observed staff knocking on consultation room doors before entering to ensure people's privacy and

dignity were respected.

The comments from the latest patient satisfaction survey included "I have always been treated well and with respect". "I always feel involved and in control of the decisions that are affecting me".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at documents held by the provider. We spoke to staff and looked at the results of a satisfaction survey from just prior to our visit. We asked the reception staff if they could inform patients as they booked in for their appointment about our inspection and ask if they would like to talk to us. Only one patient chose to do this.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The practice held archived paper medical notes for some patients. However, a medical software programme had been in use for some time as the main information system. The reception staff were able to use this system to view and book appropriate appointments. The clinical staff were able to use the system to look at the past medical history of patients during their appointments. Notes of any consultations were also typed directly onto this system at the time. We checked a random selection of electronic records for patients who had been seen at the practice during our visit. We found that these had been completed in a timely way and contained an accurate record of the consultation.

Staff were aware of the lack of privacy at the reception area (because it was part of the main waiting room). We saw signs on display that told patients private rooms were available should they want to discuss any private matters.

The practice offered a range of services including family planning, vaccination and general health clinics. Minor surgery was provided by one GP whilst another GP specialised on the care of people with learning disabilities. Patients had a choice of who they saw, for example the doctor or nurse. Patients who wanted emergency appointments were also triaged to decide how urgent the appointment was and whether a doctor or nurse was best placed to see them.

There were arrangements in place to deal with foreseeable emergencies. We looked at the training records for staff. This showed us that all staff had been trained in basic life support. Emergency equipment was kept at the surgery. This equipment had been maintained according to the manufacturer's instructions. The staff we spoke to knew where the emergency equipment was kept and also how to use it. An emergency alert system

had been built into the electronic patient record system used within the practice. This enabled staff to summon help when necessary in an emergency situation.

We spoke to one patient who told us "this practice does far more than it should be doing, it is a real part of our community. They just don't worry about the patient when they walk through the surgery door." "They look after the whole community all of the time". We looked at the patient satisfaction survey results. These showed us that patients were positive about the care and treatment they received. The comments from these surveys included "lovely friendly service, couldn't be better". "A very good surgery, enhanced by the ability to pick up your prescriptions on the way out". "A well run surgery with consideration for the requirements of the patients".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We looked at the training records for staff. These showed us that all staff had received training for the safeguarding of children. We noted that a plan was in place to also make sure staff were trained in the safeguarding of vulnerable adults. The staff we spoke to all had a good understanding of safeguarding. They understood their own responsibilities to recognise and report concerns

One of the GPs was the practice lead for safeguarding. Multidisciplinary meetings were held once a week to discuss any safeguarding concerns. Where appropriate special alerts would be added to the electronic patient records to make clinical staff aware of any areas to be concerned about.

The provider had policies and procedures in place for child and adult safeguarding. These policies included links to the local authority responsible for safeguarding. We saw that staff knew how to access the policies and who to contact should they have had any concerns about a patient. The one patient we spoke to told us "I always feel safe when being treated by any of the staff at this surgery".

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Blakeney surgery is a dispensing practice. This meant that it was able to dispense the medications it had prescribed to its patients. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were obtained from a medical drugs supplier. The provider had systems in place to place orders to ensure same day delivery. An electronic system was used to order medicines as necessary.

Medicines were prescribed and given to people appropriately. Any medicines dispensed from the surgery were against prescriptions from one of the practice doctors. Patient labels were automatically printed from the electronic system. The provider had a system in place to double check all prescriptions before they were given to the patient. Where patients needed to obtain repeat prescriptions they were able to obtain these easily. They were able to phone or visit the surgery to order repeat prescriptions. Patients could also submit their request on-line or via dedicated postage boxes within the surgery. If the patient needed a review of their medicine or another health check, this was flagged on the electronic patient records and advice was obtained from the GP prior to the repeat prescription being authorised.

Medicines were kept safely. We observed that all medicines were kept appropriately in secure cupboards and rooms. Some medicines needed to be kept separately and we saw that this had been done. Some medicine needed to be kept in special medicine fridges. The temperatures of these fridges were checked daily to make sure the medicines were being stored correctly. All the staff that had access to medicines had been appropriately trained. We checked a random selection of medicines and found they had been recorded appropriately and within their expiry dates.

Medicines were safely administered. We saw that where medicines were given within the surgery for example, vaccinations this was documented in the patient's records. These records included the batch number, expiry date, where the medicine was given and the time it was given. Audits had been completed. The surgery had changed practice where necessary as a result. For example, all the prescribing staff within the practice followed the same approach which made sure patients were receiving consistent messages and prescribing from all healthcare professionals.

Medicines were disposed of appropriately. The provider had systems in place to return any unused or out of date medicines to their supplier. A returns book had been completed and any medicines collected routinely on the next delivery.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice had a patient participation group (PPG) in place. This group led on the annual patient satisfaction survey. We were not able to speak to the chair of the PPG during our visit due to unforeseen circumstances. We looked at the results of the 2013 patient satisfaction survey. We saw that 120 patients had taken part. 90% of patients had said the care they received from their GP was either good or very good. We also saw examples of how the practice worked with the local community. As an example the village agent visited the practice. Valuable feedback was obtained from the village group within Blakeney, the 'forest health forum' and the local carers group.

We saw that some patients had commented that they had found it difficult to make appointments. Although we also saw just as many patients comment that they were able to make an appointment without any problem. We were told that on occasions appointments did run late because patients were given time to discuss the problems they might have. We also saw that one GP had increased the time given to patients at their consultation because patients had asked for more time. Staff rotas had also been reviewed and changed to allow more clinics to take place.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The practice held a range of meets including staff, clinical, dispensary and multi-disciplinary team meetings. We looked at a range of minutes from these meetings. These minutes showed us that a variety of issues were discussed and any actions agreed were completed. Where significant events had taken place, these had been investigated appropriately and discussed at the relevant meeting. As an example we looked at one incident and saw it had been reported to the relevant authorities. The practice had also reviewed its own process for providing information and at the time of our inspection had been looking at what (if any) changes needed to be

made.

We saw that the clinical staff regularly discussed areas of concern relating to individual patients care and treatment. As an example for all patients that had been diagnosed with cancer. Other professionals were also invited into the meetings to provide an opportunity for teaching the practice staff. As an example the Alzheimer's Society had given a talk to improve the knowledge of this condition amongst the staff.

The provider took account of complaints and comments to improve the service. A complaints and comments leaflet was available to patients. This leaflet explained the process and signposted people to the Patient Advice and Liaison Service (PALS), the Parliamentary Health Service Ombudsman (PHSO) and the Care Quality Commission (CQC). The provider had systems in place to effectively investigate complaints and provided a response to the complainant. Complaints were discussed at the practice meetings so that any learning points could be shared amongst the staff.

The Quality Outcomes Framework (QOF) is an incentive scheme for GPs to improve clinical quality and patient experience. One of the GPs led on QOF for the practice and the nursing staff monitored the QOF targets on a day to day basis and highlighted any areas that the practice needed to focus on. The practice's performance against the QOF targets was discussed at the practice meetings. The practice had completed a range of clinical audits and at the time of our inspection had started to lead on a county wide learning disability audit. Audits had been completed on the minor surgery performed at the practice. These showed that no patients had suffered any post-operative complications or infections.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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