Inspection Report

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

Crescent Surgery

The Crescent Surgery, Boscombe and Springbourne Health Centre 66-68 Palmerston Rd Boscombe, Bournemouth, BH1 4JT

Tel: 01202393755

Date of Inspection: 16 December 2013

Date of Publication: January 2014

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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Crescent Surgery
Registered Manager	Dr. Mufeed Ni'Man
Overview of the service	Crescent Surgery is a practice based in Boscombe, Bournemouth. It has approximately 1,800 registered patients. It is owned by two GP partners. One of the GP partners and a salaried GP work there part time. The practice is supported by a practice nurse, a health care assistant, a practice manager and reception/secretarial staff.
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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 16 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We spoke with four people. We also spoke with seven staff, including the practice manager, the salaried GP and the registered manager, who is one of the GP partners.

People said they were treated with respect and involved in making decisions about their care and treatment. For example, one person commented that their GP always finished appointments by asking if they had any questions and inviting them to contact the surgery if they had queries afterwards. They told us, "The receptionists are always really helpful and do what they can".

People experienced care and treatment that met their needs and protected their rights. They expressed confidence in their care and treatment. For example, one person told us, "I can't say enough, they're really good". People said they were able to get an appointment when needed.

People using 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.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The practice had an effective system to assess and monitor the quality of its services, and to manage risks to the health, safety and welfare of people using the service and others.

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's diversity, values and human rights were respected.

Staff treated people with consideration and respect. All the people we spoke with told us that staff treated them respectfully. For example, one individual described the receptionists as "fabulous, very professional always", and another said they were "very nice, very friendly". We observed throughout our visit that staff spoke politely with people using the service. The practice manager told us they had come to know many longstanding patients at the practice, and this was evident in their conversations with people attending the surgery.

The practice ensured people's privacy. There was a private room by the reception desk where people could discuss personal matters without others hearing. The reception desk had privacy screens and we observed that receptionists spoke discreetly with people. We saw that consultations took place in individual rooms with the doors closed and we were unable to hear consultations in progress. Consulting rooms were equipped with curtains around examination couches, to give privacy during examinations. We saw that clinical notes were stored in a locked room. The reception staff we met were clearly aware of their duty to keep people's personal information confidential.

The practice accommodated the needs of people with disabilities. We saw that the building was wheelchair accessible and that the surgery consultation rooms were all situated on the ground floor. Part of the reception desk was lowered to a height suitable for people using wheelchairs. There were a few designated disabled parking bays close to the building entrance.

The practice manager told us that the practice had a significant proportion of patients whose first language was not English. The practice manager confirmed that the practice

had access to interpreting and translation facilities in association with its nearby partner surgeries. They told us that the practice had never failed so far to resolve interpreting issues. They also said that the practice and its nearby partner surgeries had staff with a range of first languages other than English. Staff confirmed this and told us that people relied on relatives, friends and carers to act as interpreters. The provider may find it useful to note that most staff we spoke with were not aware that the practice had access to specialist interpreting and translation services.

People who used the service were given appropriate information and support regarding their care or treatment.

People told us they were able to express their views and felt involved in making decisions about their care and treatment. For example, one person said their GP always listened to them. Another commented, "[GP] does ask me what I want to do but he also says what he thinks". Someone else described the practice as "very patient-orientated" and said that at their recent health check, "[The nurse] gave me all the information. She explained it all to me". We observed that the practice manager knew many of the patients very well and was responsive to their needs in managing the service. The staff we spoke with confirmed this.

Everyone we spoke with told us that appointments were generally long enough. For example, one individual told us, "The doctor's never in a hurry for you to go" and another said, "If you need to talk, they will accommodate that". One individual remarked, "Sometimes you feel like you're being rushed and pushed out" but said that normally this was not a problem.

Our discussions with the GP and the three sets of electronic case notes we saw presented further evidence that consultations were person-centred. For example, we saw a well-documented, sensitive negotiation of a treatment plan where someone was requesting inappropriate medication.

People had access to general information about their health and about services available at the practice. There was a range of health promotion and information leaflets and posters on display in the waiting area. The practice opening hours were clearly displayed at reception, as were details of local out-of-hours primary care facilities. We noted that the practice did not have a website but the practice manager informed us that one was under development. They showed us a draft of a new practice leaflet which reflected recent changes in the organisation.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

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

Three of the four people we spoke with were complimentary about the care and treatment they received at the practice. For example, one said their GP had been "absolutely brilliant" in supporting them with long-term health issues. Another described their GP as "excellent". A further person said, "I visit the nurse regularly as well and they're really helpful". The other person we spoke with described their general satisfaction with the surgery but described a recent occasion where they had been unhappy that their GP had not prescribed a particular medicine they wanted.

The practice had recently transferred to a new computerised patient record system, which facilitated links between Crescent Surgery and their nearby partner surgery to enhance care and records. The system prompted clinicians to enter clinical data completely and correctly, alerting them when important data was missing. Clinicians were able to highlight particular clinical risks or other concerns in an individual's record. This meant that staff could ensure they treated people safely.

The record system advised clinicians when people had used emergency or out-of-hours medical services. It also identified whether people needed follow-up appointments to discuss test results. Two receptionists and the GP showed us how all correspondence was scanned and uploaded into clinical notes, once clinicians had seen it and noted what action to take. People confirmed that if test results were complex their doctor called them in for an appointment.

We saw three examples of patient records that clearly assessed people's medical needs and showed that treatment was delivered in accordance with their individual treatment plans.

Clinicians liaised with external services, such as health visitors, district nurses, the palliative care team and social services. Records showed the provider communicated with other agencies by telephone, email or through the computerised record system. The

registered manager confirmed there was a fortnightly clinical meeting hosted by the nearby partner surgery for clinicians to communicate regarding particular individuals' care.

Repeat prescribing was managed safely with written-only requests for medications. Receptionists told us that they checked all repeat prescription requests and flagged any anomalies, such as a review date having passed, for the GP's attention. The GP confirmed that all requests for medicines outside the repeat authorisation process were passed to a GP to vet and authorise. The authorisation from was scanned into the person's clinical records. We noted that the practice participated in medicines monitoring as part of a Quality Improvement Programme, submitting its prescribing data for monitoring by the Clinical Commissioning Group.

The practice undertook health promotion activities. The practice nurse assistant saw all new patients, including children, for a health check. This included weighing the person, taking their blood pressure, asking about allergies and checking children's immunisation status. This helped identify people's unmet health needs. A member of staff remarked that this was particularly useful if people had come from abroad and had limited health records in the UK. It also meant people could be signposted to appropriate services, such as Smokestop or a local alcohol support service.

We noted that the practice ran chronic disease clinics run for diabetes and respiratory problems. Numbers were relatively small so clinicians managed these during general surgery sessions. There was a system in operation to call people for reviews.

All four people we spoke with told us they were able to get appointments when needed, and that they were seen within a couple of days if not on the same day. The receptionists told us there were no problems booking appointments and that they tended to offer people the next available appointment with their chosen GP. They said it was unusual for people to wait more than 48 hours. The practice manager confirmed this and told us that children could always be seen on the same day. Receptionists, clinicians and the practice manager confirmed that if there was a shortage of appointments, clinicians worked with receptionists and the practice manager to add extra appointment slots if these were needed.

We noted that continuity of care was achieved through having just two GPs working at the surgery.

There were arrangements in place to ensure people received urgent medical assistance when the practice was closed. If people called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances.

There were arrangements in place to deal with foreseeable emergencies. We noted that the two GPs who had most consultations at the practice had up-to-date training in basic life support and using an automated external defibrillator. The other staff we spoke with also confirmed they received basic life support training. Two told us about how they had responded to emergencies at the surgery. We saw the computerised patient record system highlighted particular risks to people's health and welfare, such as allergies.

There was a full range of emergency equipment in place, including automated external defibrillators, oxygen, intravenous fluids and emergency drugs. We saw notices clearly displayed in the practice office showing where these were located. The equipment was

owned and maintained by the health centre that ran the premises rather than by the practice and we saw a signed schedule of weekly equipment checks. We noted that the defibrillator pads were past their expiry date earlier in 2013. Following the inspection, the practice manager confirmed that they had ordered replacement pads.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People using 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

We did not speak with people who used the service about safeguarding children and vulnerable adults. We discussed safeguarding with the registered manager, the GP on duty, the practice nurse assistant and three reception staff.

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.

The lead GP for safeguarding was not on duty when we visited. The GP on duty told us they had undertaken level 2 (intermediate) training in safeguarding and the practice manager confirmed this. One of the other staff said they were currently undertaking an online university course covering safeguarding children and vulnerable adults. The registered manager told us that all staff should undertake safeguarding training. The provider may find it useful to note that two staff told us they had received no safeguarding training since joining the practice in 2012, although they had undertaken this previously. A further staff member reported that they used to receive regular training through a local NHS Trust. The practice manager told us that they planned to address this training need during forthcoming annual appraisals.

However, all the staff we spoke with were able to describe potential signs of abuse and appropriate responses if they noticed these. They told us the process they would follow in event of a concern, and this was in line with the practice policy and procedure for safeguarding children and vulnerable adults. The GP was clear about how to escalate a safeguarding concern.

One member of staff gave an example of how they had reported something they observed that had given them cause for concern, and the GP's action as a result of this. This showed that the provider had responded appropriately to an allegation of abuse.

The GP told us that GPs did not routinely attend child protection conferences because of diary constraints, but always submitted written reports to these meetings. We were

informed that if there was a particular need for a GP to attend, surgeries could be rearranged to permit this.

The practice had policies and procedures in place for safeguarding children and vulnerable adults. These were up to date. They set out how staff should respond when they suspected a child or vulnerable adult was at risk of harm. They contained contact details of agencies to report concerns to or which could give further advice about managing a concern. We also saw details of local agencies involved with safeguarding children and vulnerable adults displayed prominently in the office. The staff we spoke with were all aware of where they could locate this information. The GP told us that practices in the area were well-supported by local paediatrician services. This meant that staff had guidance about the actions they should take if they suspected a child or vulnerable adult was at risk.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

The practice manager told us that the practice had not recruited any new staff since 1 April 2013. They confirmed the practice would seek references from past employers, check GPs' and nurses' professional registrations, and obtain enhanced Disclosure and Barring Service (DBS) clearance for all new staff.

The practice manager explained that some staff, including the salaried GP, were seconded from the registered manager's nearby practices. They confirmed the practice checked that the individual's employing practice had in place the information required by The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, before staff worked at Crescent Surgery. This included registration and enhanced DBS checks.

This showed that the practice assured itself that new staff were safe to work with people, including children and vulnerable adults.

We checked the professional registrations for all the GPs and nurses working at the practice and found that they were appropriately registered. We also found that the GPs were all included on the national performers list. The national performers list shows that GPs practising in the NHS are suitably qualified, have passed relevant checks such as DBS clearance, and have up to date training and appropriate English language skills. This showed that the GPs and nurse were appropriately qualified and registered to work at the practice.

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 received.

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

The staff we spoke with told us they could speak with the practice manager about any queries or concerns they had about the service. For example, one staff member said, "[The practice manager] is really approachable. You can ask her anything or discuss anything with her at any time". They also commented that they found the practice very friendly. Two members of staff described how their roles had evolved with support from the practice, and the practice manager confirmed this.

The registered manager told us that the practice participated in quarterly learning afternoons for all staff. There was also a fortnightly clinical meeting hosted by the nearby partner surgery. This meant that Crescent Surgery was able to draw on a wider group of staff and clinicians for support and learning.

The practice manager told us the practice had undertaken patient surveys in the past. They said they planned to send one out in the near future.

The practice manager told us that they had been trying to establish a patient participation group but no-one had yet come forward.

The provider took account of complaints and comments to improve the service. We saw that the practice had a clear complaints protocol in place. The practice manager told us that the practice rarely received complaints and that they sought to resolve these more quickly than the protocol specified, through a same-day meeting with the person and a same-day review appointment with the GP concerned if the person wanted this. We saw a written response to a complaint that showed the complaint had been investigated and resolved.

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

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Complaints and significant event reviews were dealt with at ad-hoc meetings. This meant that matters were addressed almost as soon as they arose, although these meetings were informal and so less likely to have robust minutes. We saw dated minutes of three significant events from the past year, with clear lessons drawn and tasks to complete as a consequence. The practice manager assured us that the tasks had been completed.

The practice participated in the Quality and Outcomes Framework, a national scheme that measures how well surgeries performed against various clinical indicators, for example in the management of chronic diseases. The registered manager told us that the practice usually scored well on QOF indicators but had lost points in the year to 31 March 2013 as a result of significant changes at the surgery, such as the introduction of the new computer system. The GP informed us that the registered manager monitored QOF and requested occasional ad-hoc audits. The practice also conducted medication audits for the NHS Quality Improvement Programme. We saw a written summary of one audit around the use of atypical antipsychotic medicines.

There were two refrigerators for medicine and vaccine storage and we saw appropriate temperature diary records. We also saw that medicines, including vaccines, had not reached their expiry date, except on one batch of named, chemist-dispensed vaccines where the patients had not attended for their administration. The practice agreed that these could be discarded as they were long out of date. The practice stored a minimum of other drugs.

The provider may find it useful to note that PAT testing of electrical appliances was overdue. All the records we saw showed this had been due in January 2013. We raised this with the practice manager, who told us that they arranged PAT testing to coincide with PAT testing for the rest of the health centre. They said they would discuss this with the health centre manager.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk