

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

Stour Surgery

49 Barrack Road, Christchurch, BH23 1PA

Tel: 01202464500

Date of Inspection: 25 February 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

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Stour Surgery
Registered Manager	Dr. Simon Coupe
Overview of the service	Stour Surgery is in Christchurch, Dorset and has approximately 10,000 registered patients. The practice has four GP partners, some of whom work part-time. The surgery is supported by nurse practitioners, practice nurses, receptionists and administrative 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

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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 25 February 2014, 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 seven people and two representatives from the patient reference group. We also spoke with eight staff, including the practice manager and one of the GP partners.

People said they were treated with respect and involved in making decisions about their care and treatment. For example, all the people we spoke with said that doctors and nurses listened to them. One person we spoke with said, "It's a very nice surgery".

People also commented positively about the reception team. One person told us they were "very pleasant".

People experienced care and treatment that met their needs and protected their rights. All the people we spoke with expressed confidence in their care and treatment.

People said they were generally able to get an appointment when needed, including same day appointments. However, two people mentioned that the triage system made accessing doctors more difficult, and that work commitments made it more difficult for their family to use the call back system.

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.

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 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.

Reasons for our judgement

Peoples' diversity, values and human rights were respected.

The practice ensured peoples' privacy. There was a private area in reception where people could discuss personal matters without others hearing. During the inspection we observed that all staff spoke respectfully and sensitively to patients in the reception area. The reception staff told us they had completed confidentiality training. We saw that consultations took place in individual rooms with the doors closed.

Staff treated people with respect. During our visit to Stour Surgery we spoke with seven people including two parents of young children who were waiting for appointments. All the people we spoke with told us that staff treated them respectfully. They spoke highly of the clinical staff. For example, one person said of the doctors, "They are all so kind".

They were also positive about the reception staff. For example, one patient commented that receptionists were "great", and another told us, "They're really easy to approach".

People expressed their views and were involved in making decisions about their care and treatment. All the people we talked with told us that the surgery listened to them and involved them, by explaining to them their treatment options.

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

People had access to general information about their health, including information on display in the reception and waiting area such as health promotion leaflets and information about health conditions. People confirmed that, where appropriate, they had been given information leaflets about their health conditions and had been able to talk through their diagnosis with a doctor or nurse.

The surgery had a website that contained a range of information people might require or

find useful. The surgery also had an information leaflet. It contained contact telephone numbers, information about staff and advice on making appointments; this was available in audio and large print.

The service had access to a telephone translation service for people who could not communicate effectively in English. The website provided a comprehensive translation service for information on services and health conditions.

Stour Surgery accommodated the needs of disabled people. We noted the surgery had a diversity and a dignity and respect policy. We saw that the building was wheelchair-accessible and that consultation rooms were all situated on the ground floor. There were designated disabled parking bays close to the entrance. The surgery had an induction loop for hearing aid users. We noted that the practice leaflet encouraged people with caring responsibilities to register as carers with the practice. We spoke with one person who was a carer and they commented that the surgery had been "excellent".

There were arrangements in place to ensure people received urgent medical assistance when the surgery was closed. The practice manager told us that 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. Details were also given on the practice website and in the practice leaflet. We also saw the reception area contained contact details for the out of hours services including a local walk-in centre.

Stour Surgery provided community support. For example, we noted a community notice board that signposted people to advice centres, carers groups and community activities. The surgery held a carers group each month and also had a volunteer service for people who required support at home.

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

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

All the people we spoke with were complimentary about the care and treatment they received at the surgery. One person we spoke with said, "Doctor xxx is amazing, a great family doctor... Doctor xxx listens and is brilliant at giving information, very quick diagnosis".

In general the people we spoke with were able to get an appointment to see a doctor or nurse quickly. The surgery operated an open surgery system, led by nurse practitioners, and a daily triage service where doctors would telephone people who had called the surgery for advice or an appointment. Comments about the appointments system included, "It's a very good surgery, but it's quite difficult to get an appointment, it's quite annoying", "You get to see a nurse quite easily", "Really good", and "They are accommodating when they can be".

We looked at a sample of six medical records. These showed that people's medical needs had been thoroughly assessed and that there was a clear treatment plan in place. Records also showed that appropriate medication reviews had been undertaken, allergies were noted and past medical history was summarised. In addition, the records demonstrated that the surgery worked collaboratively with secondary health services and other agencies to ensure people's medical needs were fully met.

People we spoke with told us that the doctors and nurses gave them information about their conditions and treatment options.

The surgery undertook health promotion activities. We noted that the practice offered a range of health clinics including well woman, contraception, chronic disease management, diabetes and asthma.

The surgery told us people could obtain repeat prescriptions by a variety of methods including in person and online. The surgery confirmed that people who did not have

internet access, or were housebound could telephone the surgery. People we spoke with confirmed they were able to easily obtain their repeat prescriptions.

On the day of the inspection we noted that the surgery protocol for refrigerated vaccines was not attached to the fridge in accordance with the surgery's policy. We drew this to the attention of the provider and they told us they would rectify this immediately.

There were arrangements in place to deal with foreseeable emergencies.

The computer system flagged up allergies to prevent prescribing errors. The service also had a range of medical flowcharts to guide staff in an emergency situation.

All staff had received basic life support training and there was a full range of emergency equipment in place, including automated external defibrillators, oxygen and emergency drugs. On the day of the inspection the surgery were not able to quickly access a locked cupboard that contained emergency medicines. We drew this to the provider's attention and they confirmed that the keys for the cupboard would be accessible in the future to ensure staff could quickly access the medicines in an emergency.

All computers had a panic button, and there were also alarm buttons linked to the police to ensure staff were able to summon assistance should this be required.

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

Our judgement

The provider was meeting this standard.

People who use 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 about the protection of children and safeguarding of vulnerable adults.

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 staff we spoke with were aware of the potential signs of abuse. They were able to describe the process to follow in event of a concern. They told us they were readily able to tell the doctors, or a child's health visitor, if they had concerns. They were also aware of external agencies they could contact if they needed to raise a concern about a child or vulnerable adult. Staff told us they were provided with information about vulnerable children, and there were alerts on the computer system to ensure they were aware if there were any safeguarding concerns about a child or adult they were supporting.

The surgery had a vulnerable adults team which aimed to prevent hospital admissions and support people to remain in their own homes. This involved working closely with other agencies to ensure people's health, welfare and safety needs were met. One of the nurses working in this team told us about a situation where they had been concerned about a vulnerable adult. They explained that they had discussed this with a doctor and had made a safeguarding referral to social services who subsequently took action to protect the vulnerable person. Staff told us there were also weekly in-house meetings for surgery staff, and monthly and three-monthly meetings where they collaborated with other health and social care professionals to ensure the safety of vulnerable adults living in their community. This showed that the provider had systems in place to support them to respond appropriately to an allegation of abuse.

The surgery had a lead doctor for safeguarding children. The manager informed us that all staff undertook online safeguarding children training. We saw this was reflected in the surgery's training records. The staff we spoke with confirmed they had done the online training.

The surgery told us that they had a lead doctor for vulnerable adults, but that not all staff had completed vulnerable adults safeguarding training. Following the inspection the practice manager wrote to us and told us that they had, "Put a plan in place to ensure that all Stour staff have completed training in the Safeguarding of vulnerable adults by March 31st 2014".

The surgery had policies and procedures 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. Details were available for staff of who to contact and telephone numbers to use. The staff we spoke with were all aware of where they could find this information. This meant that staff had guidance about the actions they should take if they suspected a child or vulnerable adult was at risk.

The surgery had a whistleblowing policy. However, this did not include information about external agencies staff could contact if they were concerned about an aspect of the surgery. We drew this to the attention of the provider on the day of the inspection. They confirmed that the policy would be updated to ensure staff had the appropriate guidance.

The surgery had a chaperone policy and staff were able to tell us how this worked in 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 receive.

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 surgery had a patient circle and a virtual patient reference group, to enable it to engage with a cross-section of the surgery's population and obtain people's views. We met with two representatives of the group, one of whom was a patient. They told us the surgery involved the group in exploring themes from complaints and the results of patient surveys. They said they also spoke with people periodically to enable people to express views about the surgery directly to the group. They were able to provide us with examples of where their feedback had led to changes in the surgery. For example, people told them that they needed more nurses during the daily open surgery, and the surgery responded by increasing the numbers of nurses on duty. This demonstrated that the surgery took account of peoples' comments to improve the service and their experience of the service.

Staff told us they felt listened to by the surgery and that they could tell the management team if they had ideas to improve the service. Staff told us about regular meetings which they found helpful. The surgery also had a 'bulletin' screen on the computer system which provided staff with updates and minutes of the staff meetings. A staff member commented, "The communication is really good".

The provider took account of complaints and comments to improve the service. People we spoke with told us they would be happy to approach a member of staff if they were not happy about something. The surgery had a complaints policy and procedure. We saw details of complaints received in the past 12 months. The practice had investigated and responded appropriately to these, in line with its complaints policy.

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. Records showed that the surgery recorded any significant events that occurred. These were investigated and discussed by the clinical team at regular meetings. We also saw an annual analysis and summary of significant events. The records showed that the team reflected on what had happened, what had worked well and what could be done differently in the future to

minimise the risk of the incident occurring again. This demonstrated that learning from incidents and investigations took place and that appropriate changes were implemented.

The surgery had an emergency contingency plan that covered areas such as pandemics, building emergency and communications failures. Records showed the surgery also carried out a range of checks such as buildings, electrical and equipment checks, including checking clinical fridge temperatures to ensure people were cared for safely.

We saw and staff told us about the clinical audits undertaken by the service. These included audits of referrals, ophthalmology, prescribing, and hospital discharge letters. It was evident that these were carried out to provide the surgery with information about its service, and that the surgery used the results as a learning tool to enable them to identify where improvements to the service could be made.

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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