

Broadwater Medical Centre

Quality Report

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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 safe?	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

The practice was rated requires improvement overall and is now rated good overall and good for providing safe, effective and well-led services.

We carried out an announced comprehensive inspection of this practice on 14 July 2016. A breach of legal requirements was found during that inspection within the safe, effective and well led domains. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 2 February 2017 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 14 July 2016 we found the following areas where the practice must improve:

- Implement systems for assessing, monitoring and acting on risks in relation to the health and safety of patients, staff and visitors.
- Implement systems to ensure the safe management of medicines.

- Develop and implement an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of clinical audit.
- Ensure that all clinical staff receive up to date training on the Mental Capacity Act 2005.

Our previous report also highlighted the following areas where the practice should improve:

- Ensure that information about how to complain is clearly displayed in the reception and waiting areas.
- Put measures in place to increase the number of carers known to the practice in order to ensure they receive appropriate support.
- Ensure that all staff who undertake chaperone duties have undergone appropriate recruitment checks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

During the inspection on 2 February 2017 we found:

- That the practice had undertaken a comprehensive health and safety risk assessment of the building and that health and safety risks identified at our last inspection had been addressed.

Summary of findings

- Arrangements were in place for the safe management of medicines.
- The practice had undertaken three first cycle audits since our last inspection and was in the process of developing an audit plan for the next year.
- All clinical staff had undertaken training on the Mental Capacity Act 2005.

We also found in relation to the areas where the practice should improve:

- Details about how to make comments, suggestions and complaints were clearly displayed in the waiting areas.
- All staff who undertook chaperone duties had undergone appropriate recruitment checks which

included a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice had implemented a number of measures to increase the numbers of carers known to the practice. This included asking patients to update their carer status on the consent forms for flu vaccinations and being more vigilant when taking patient details. As a result the practice had identified 52 more carers since our last inspection.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is now rated good for delivering safe services.

At our last inspection on 14 July 2016 we found that risks to patients were not assessed and well managed. This was in relation to the health and safety of staff, patients and visitors and the safe management of medicines.

At this inspection, we found that the practice had implemented their action plan to ensure that these issues had been addressed and that arrangements were now safe.

Good



Are services effective?

The practice is now rated good for delivering effective services.

At our last inspection on 14 July 2016 we found staff had the skills, knowledge and experience to deliver effective care and treatment. However, some clinical staff had not had training and had limited understanding of the Mental Capacity Act 2005.

The practice undertook regular prescribing audits initiated by the clinical commissioning group. However there was limited evidence that the practice regularly undertook its own audits of clinical practice.

At this inspection, we found that the practice had implemented their action plan to ensure clinical staff had undertaken training on the Mental Capacity Act 2005. We also saw that three first cycle clinical audits had been undertaken and that plans were in place to ensure second cycles were completed in six months time. The practice was in the process of developing an on-going audit programme for the next year.

Good



Are services well-led?

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

At our last inspection on 14 July 2016 we found that governance arrangements were in place to support the delivery of the strategy and good quality care. However, arrangements to monitor and improve quality and identify risk were not always effective.

At this inspection we found that the practice had implemented their action plan and that arrangements to monitor and improve quality and identify risk were now in place.

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

The practice was rated as requires improvement for the care of older people on 14 July 2016. This rating has now changed to good.

Good



People with long term conditions

The practice was rated as requires improvement for the care of people with long-term conditions on 14 July 2016. This rating has now changed to good

Good



Families, children and young people

The practice was rated as requires improvement for the care of families, children and young people on 14 July 2016. This rating has now changed to good.

Good



Working age people (including those recently retired and students)

The practice was rated as requires improvement for the care of working age people (including those recently retired and students) on 14 July 2016. This rating has now changed to good.

Good



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable on 14 July 2016. This rating has now changed to good.

Good



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) on 14 July 2016. This rating has now changed to good.

Good



Broadwater Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Background to Broadwater Medical Centre

Broadwater Medical Centre is situated in the Broadwater area of the town of Worthing. It serves approximately 12,300 patients.

There are five GP partners, one salaried GP and two long term locum GPs. Two of the GPs are female and six are male. There are five practice nurses and two health care assistants. There is a practice manager, an assistant practice manager and a team of secretarial, administrative, accounts and reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a lower than average percentage population over the age of 65 and a slightly higher than average percentage of child and working age population for the clinical commissioning group area.

The practice is open from 8am until 6.30pm Monday to Friday. Extended access is available on Monday and Tuesday evenings from 6.30pm until 8.30pm. Appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP or the out of hours service by calling the practice.

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 including asthma management, diabetes, heart disease and high blood pressure management.

The practice provides services from the following location:-

5-11 Broadwater Boulevard

Worthing

West Sussex

BN14 8JE

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 14 July 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 2 February 2017 to follow up on whether action had been taken to deal with the breaches.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and the assistant practice manager

Detailed findings

- Reviewed practice documentation.
- Undertook observations of the premises.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing safe services as risks to patients were not assessed and well managed. This was in relation to the health and safety of staff, patients and visitors and the safe management of medicines.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our last inspection we found that arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored. However, there were no systems in place to monitor their use which meant the practice could not be sure if any had been stolen or misused.

We also saw that medicines and medical equipment were not stored securely. We saw that vaccines were appropriately stored in specialised fridges and that temperatures were checked and recorded daily to ensure they were being stored at the correct temperatures. However, the fridges were kept in an open room on one of the corridors to the consulting rooms. This was accessible to all staff and patients. Whilst the fridges were locked, the keys to all of them were in situ which meant they could be opened and the contents accessed by unauthorised staff and patients. We also saw that medicines and equipment including needles and syringes were stored in unlocked cupboards in this room which again patients and all staff

had access to. Emergency medicines and equipment were also stored on a trolley in this room and were accessible to all. Arrangements were therefore not in place to prevent the theft and misuse of medicines and potentially harmful medical equipment. We also found that the practice had not undertaken a risk assessment to monitor the overall safety of the premises for patients and staff.

During this inspection we found that the practice had addressed the issues we had identified. We saw that the assistant practice manager had undertaken training on health and safety and that a comprehensive health and safety risk assessment of the building had been undertaken. We saw that health and safety was a regular agenda item at practice meetings and that risks were monitored. The practice had addressed the risks we identified on the day of our previous inspection. We saw that a keypad lock had been installed on the 'clean' room door so that it could only be accessed by authorised staff. Medicines and equipment including needles and syringes were now stored in locked cupboards and the key to the cupboards was kept in a key safe that could only be accessed by authorised staff. The emergency medicines trolley had been moved to a secure area behind the reception where it could be accessed by staff only, in the event of an emergency. The fridges for storing medicines were kept in locked rooms and the keys for individual fridges were held by a practice nurse during the day and in a locked room overnight.

We saw that the practice now had procedures in place to ensure prescriptions for use in printers were stored in a locked cupboard. They were issued to the doctors' rooms and the serial numbers for those issued were recorded. The doors to the consulting rooms were always kept locked in order to prevent theft.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing effective services. This was because some clinical staff had not had training and had limited understanding of the Mental Capacity Act 2005.

Also, there was limited evidence that the practice regularly undertook its own audits of clinical practice.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

At our last inspection we found that there was limited evidence of quality improvement including clinical audit. The practice was only able to provide evidence of two clinical audits undertaken in the last two years. One audit had been undertaken in minor surgery and one for steroid injections. However these audits were mainly surveys of patient satisfaction which included a question about whether patients had suffered any post-operative complications. The results showed high levels of patient satisfaction and low rates of complications. Both of these had been undertaken in the last year and had not yet been revisited. Re-audit would be necessary so that performance would be continually monitored and any changes to practice and improvements made could be demonstrated. There was no evidence that the practice had an on-going programme for clinical audit.

During this inspection we found that the practice had approached the local medical school and other practices in order to seek best practice in terms of developing an audit programme. We saw that the practice had developed and initiated a plan to complete three clinical audits and that the first cycle of each audit was now complete. The practice had plans in place to ensure a second cycle of each audit was completed in six months time so that quality improvements could be monitored and demonstrated. The practice was in the process of developing a plan for clinical audits over the next year. We saw that clinical audits were discussed at practice meetings so that learning and outcomes could be shared.

Consent to care and treatment

At our last inspection we found that the GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, it was noted that some members of the clinical team had not received training in this area and their awareness of its relevance was limited. This was particularly important because they undertook reviews of patients with learning disabilities who may lack the mental capacity to make decisions about care and treatment. There was a need to ensure valid consent was obtained for these patients.

During this inspection we looked at the training records for staff and saw evidence that all clinical staff had completed on line and undertaken classroom based training on the Mental Capacity Act 2005. The practice had now included this training as mandatory every year as part of their training plan.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 14 July 2016, we rated the practice as requires improvement for providing well-led services. This was because arrangements to monitor and improve quality and identify risk were not always effective.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing well-led services

Governance Arrangements

At our last inspection we found that an understanding of the performance of the practice was not always maintained. Arrangements for ensuring clinical audit was undertaken in order to monitor quality and to make improvements were limited. We also found that arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. For example in relation to the health and safety of staff, patients and visitors and the safe management of medicines.

During this inspection we found that the practice had improved arrangements for ensuring an understanding of performance were maintained. The practice had undertaken a comprehensive health and safety risk assessment of the premises which it planned to update on an annual basis. We saw that the practice had mitigated and addressed the risks identified at our previous inspection and that progress had been regularly monitored. Health and safety was now a regular agenda item at practice meetings which meant the management of risks was regularly reported on.

The practice had implemented its plan to undertake three first cycle clinical audits and second cycle audits were planned for six months time so that quality improvements could be monitored. We saw evidence that clinical audit was a regular agenda item at practice meetings where the learning and outcomes were shared.