

Beaufort Road Surgery

Quality Report

21 Beaufort Road
Southbourne
Bournemouth
BH6 5AJ

Tel: 01202 433081

Website: www.beaufortroadsurgery.co.uk

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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 caring?

Are services responsive to people's needs?

Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed follow up inspection of Beaufort Road Surgery on 1 June 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 24 June 2015. This report covers our findings in relation to the requirements and should be read in conjunction with the report published on 1 October 2015 following the inspection in June 2015. This can be done by selecting the 'all reports' link for Beaufort Road Surgery on our website at www.cqc.org.uk

Our key findings were as follows:

- We found robust systems in place to calibrate clinical equipment which followed national guidelines and was being performed as part of a rolling maintenance programme.
- Documents used for administering medicines had been reviewed and signed by the GP partners and nursing team

- A systematic programme of legionella testing was being performed by appropriately trained staff.
- Childhood immunisation rates were being monitored and had improved since the last inspection because of more effective information capture and promotion by staff at the practice.
- A new practice manager and lead nurse had been employed who had both introduced systems to capture and monitor information more effectively.
- Records were being kept to evidence discussions and actions taken by the GPs in relation to governance issues.
- New risk registers had been introduced and formalised meetings commenced to look at clinical issues including audits.

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 rated as good for providing safe services.

At our previous inspection in June 2015 we rated the practice as requires improvement for providing safe services. We found that although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern included, ineffective checks and calibration to ensure equipment worked effectively, the management of medicines and actions not carried out from a legionella risk assessment.

At our focused follow-up inspection on 1 June 2016 we focussed on areas that the practice needed to respond to. We found records and information which demonstrated that improvements had been made. We found robust systems in place to calibrate clinical equipment. Documents used for administering medicines had been reviewed and signed by the GP partners and nursing team and a systematic programme of testing for legionella was being performed by appropriately trained staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

At our previous comprehensive inspection in June 2015 the practice had been rated as requires improvement for providing effective services. We found that not all staff were aware of or were following national patient safety guidelines when calibrating some equipment.

At this inspection we found the role of calibrating equipment now followed national guidelines and was being performed as part of a rolling maintenance programme.

Good



Are services caring?

We did not inspect this domain

Are services responsive to people's needs?

We did not inspect this domain

Are services well-led?

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

At our previous comprehensive inspection in June 2015 the practice had been rated as requires improvement for being well-led. We

Good



Summary of findings

found that governance arrangements did not include effective audit or risk management systems or processes to ensure that quality and performance were monitored with risks being identified and managed.

At this inspection in June 2016 we found there had been changes within the practice team. A new practice manager and lead nurse had been employed. They had both introduced systems to capture information more effectively and record discussions and actions taken by the GPs in relation to governance issues. New risk registers had been introduced and more formalised meetings commenced to look at clinical issues including audits.

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 | Good |  |
| People with long term conditions | Good |  |
| Families, children and young people | Good |  |
| Working age people (including those recently retired and students) | Good |  |
| People whose circumstances may make them vulnerable | Good |  |
| People experiencing poor mental health (including people with dementia) | Good |  |

Summary of findings

What people who use the service say

We did not speak with patients on this visit. However, the national GP patient survey results published in January 2016 showed the practice continued to perform slightly better or in line with local and national averages. 285 survey forms were distributed and 128 were returned. This represented about 1.1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).
- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%).
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%)
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).

Beaufort Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Beaufort Road Surgery

Beaufort Road Surgery is situated in Southbourne which is a suburb of Bournemouth, Dorset.

The practice has an NHS general medical services contract to provide health services to approximately 11,050 patients. The practice is open from 7.25am to 6.30pm from Monday to Friday. Appointments are available between 7.40am and 5.30pm from Monday to Friday. The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Service via the NHS 111 service.

The mix of patient's gender (male/female) is almost half and half. Approximately 21% of patients are aged over 65 years old.

The practice has seven GPs who together work an equivalent of 5.8 full time staff. There are four male and three female GPs. Six of the GPs are partners who hold managerial and financial responsibility for running the business. The GPs are supported by a practice manager, assistant practice manager, three practice nurses and a health care assistant. The team are supported by a team of administration staff who carry out reception, administration, scanning and secretarial duties. The

practice is a training practice for doctors training to be GPs. There are currently two registrars and 2nd year medical students from Southampton University working at the practice.

We inspected the practice in June 2015 and found improvements were needed in the overview of safety systems and processes, staff education, and governance arrangements. The provider sent us an action plan which detailed the steps they would take to meet the breaches in regulation. At this inspection we found the provider had made the necessary changes.

We carried out our inspection at the practice's only location which is situated at:

21 Beaufort Road
Southbourne
Bournemouth
BH6 5AJ

Why we carried out this inspection

We carried out this announced focused inspection at Beaufort Road Surgery on 1 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 1 June 2016 to check that improvements to meet legal requirements planned by the practice were complete following our comprehensive inspection on 24 June 2015. We inspected the practice

Detailed findings

against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service had previously not met some legal requirements. At our previous inspection in June 2015 the caring and responsive domains were rated as good. Therefore, these domains were not re inspected at this inspection. As all five domains were not inspected we were not able to rate the population groups at this visit.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 2016. During our visit we:

- Spoke with a range of staff.

- Reviewed training records, policies, maintenance records, fridge temperatures and records associated with safety and governance.

At this focused inspection we asked the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

We did not look at all areas of each domain, but focussed on the areas where we found breaches in regulation in June 2015. It is suggested the reader obtains the previous report to gather a full picture.

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

Overview of safety systems and processes

At our last inspection in June 2015 we found that administration staff had performed chaperone duties but had not received training for the role nor had received a disclosure and barring check (DBS). 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. At the inspection in June 2015 the practice manager advised us administration staff would not be used for chaperone duties. We were sent a plan detailing what action had been taken.

At this inspection in June 2016 staff told us that the practice of using chaperones stopped immediately. We found all administration staff that had opted to act as chaperones had received training and received a DBS check. Records were provided to show which staff were able to act as chaperones. Actions taken by the practice helped ensure patients were supported safely.

The inspection in June 2015 found that medicines administered by the nurses at the practice were given under a patient group direction (PGD) which is a directive agreed by GPs and the clinical commissioning group which allows nurses to supply and/or administer prescription only medicines. Two of the PGDs, we looked at in June 2015 did not follow national guidance. For example, they had been signed by the practice manager rather than GP. Since the inspection, the provider had sent us an action plan.

At this inspection we found the PGD documents had been reviewed and each direction had been signed by the GP partners and nursing staff. Actions taken by the practice helped ensure patients were treated safely.

Monitoring risks to patients

During the last inspection in June 2015 we found that the practice had not carried out actions highlighted in a 2012 legionella risk assessment or performed a further risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At this inspection in June 2016 we found the action highlighted in the 2012 assessment had been taken. For example, the responsible person had completed a programme of legionella awareness training in September 2015. This member of staff had introduced a systematic programme of testing. A further risk assessment had been completed by an authorised company in July 2015. We saw that the testing had identified an issue with a small number of taps within the practice. We saw records explaining what action had been taken to minimise the risks until the external plumbers could replace the faulty pump. Actions taken by the practice helped ensure staff and patients were treated in a safe environment.

The practice was unable to provide evidence during the inspection in June 2015 to confirm that refrigerators used to store medicines and vaccinations were serviced or calibrated to confirm they were operating effectively. We also found that calibration of blood pressure machines and scales were not being carried out according to manufacturer's instructions.

At this inspection we found records to show that a systematic programme of calibration had taken place on all clinical equipment in July 2015. The new practice manager had also introduced a spreadsheet and prompt to carry out these checks each year. Actions taken by the practice helped ensure patients were treated safely.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

There were no concerns identified at the inspection in June 2015 regarding managing and monitoring performance. The practice continued to use the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2014/15 showed the practice continued to perform well and had obtained 99.3% of the total QOF points available. This was better than the CCG average of 97.7% and national average of 94.8%. The practice continued to use the QOF framework to monitor performance and identify any areas that needed further action. For example, the GPs had identified that the number of non-steroidal anti-inflammatory medicines which were being prescribed were higher than the national averages. We saw evidence to show this information was being used to conduct a clinical audit in the forthcoming months.

Effective staffing

At the last inspection in June 2015 we found that not all staff had the skills, knowledge and experience to deliver effective care and treatment. For example, not all staff were aware of the correct way to perform equipment calibration checks in accordance with manufacturer's instructions. This demonstrated that not all staff had the knowledge which would alert them to fact that professional certified calibration checks were required for this equipment.

At this inspection we found there had been a change in the nursing staff team. New practice nurses had been employed. A new lead nurse had been employed who was monitoring the education, induction and actions taken by the nursing staff. Staff were now more aware about how to perform equipment calibration checks or to refer equipment for certified calibration checks if required.

Supporting patients to live healthier lives

At the last inspection in June 2015 we found that the immunisation and vaccination rates were lower than national average. The GPs were uncertain of where this data had come from but advised us that it would be addressed.

At this inspection we found that the information was now being captured on the computer system more effectively and the new lead nurse was monitoring the rates more closely. We saw data to show that invitations had been sent to patients but uptake had been lower than expected. The practice manager and GPs explained that practice staff met with the health visitors weekly at the baby clinics where immunisation programmes are promoted. Pregnant patients were also given information at the ante natal education sessions. We were told that access to immunisations were more flexible with the introduction of encouraging parents to bring their children for immunisations at any time and not just during the clinics. We saw data to show that childhood immunisation summary data for July 2015 to April 2016 ranged between 91.8% and 94.6% which was comparable to national averages.

Are services caring?

Our findings

We did not inspect this domain.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect this domain

Are services well-led?

Good 

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

Our findings

Governance arrangements

At the inspection in June 2015 we identified a number of areas where the practice needed to make improvements. The practice management team took immediate action in respect of several of these. However, in June 2015, we were concerned that the practice's own management and systems had not identified these and that the practice had not taken action to make improvements. This was in part because the practice management team had not been aware of some of the requirements of current legislation or national guidance available to support them in the effective management of the practice.

For example, at the June 2015 inspection the practice had some arrangements for identifying, recording and managing risks but did not have a comprehensive risk log which identified a full range of potential issues.

At this inspection in June 2016 we found a new practice manager had been employed. They had introduced robust systems to monitor risk. For example, minutes were now being kept of the weekly partners meetings where agenda items were discussed and reviewed. An overarching risk assessment log had also been introduced which looked at risks associated with building, staffing, information systems, finance and equipment. This document identified the person responsible for monitoring and reviewing the risk and of the timescale the risks were reviewed.

During the inspection in June 2015 we found that the practice did not have an organised programme of clinical audits to help the clinical team monitor quality, and systems to identify where action should be taken.

At this inspection we were told a new meeting had been introduced to discuss clinical issues including reviewing NICE guidelines and clinical audits. We saw records to show which were in progress and which areas had been identified as requiring audit. For example, the GPs had reviewed the recent NICE updates and recognised a need to perform an audit to check that sufficient foot examinations were being performed on patients diagnosed with diabetes.

During the inspection in June 2015 not all staff followed current guidelines when performing their roles regarding the calibration of equipment.

At this inspection we found the GPs had removed this role from nursing staff and invited an external company to come to the practice each year to perform calibration of all equipment.

In June 2015 we found patient paper records were stored behind the reception desk. These records were easily accessible to anyone who passed by the opening to the rear of the reception desk because staff did not have constant sight of the opening and would not have immediately known if records were removed.

At his inspection we found a new door and locked key pad had been introduced to prevent patients accessing the area where records were stored.