

# Boughton Surgery

## 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

This was the third inspection we had carried out at Boughton Surgery. The practice had previously been inspected in January 2015 and May 2016. On 31 May 2016, we carried out a comprehensive inspection of Boughton Surgery. The inspection report at that time rated the

practice as inadequate overall and the practice was placed into special measures. You can find the report for the comprehensive inspection on the CQC website ([www.cqc.org.uk](http://www.cqc.org.uk)).

Following the comprehensive inspection we issued a warning notice to the practice because there were

# Summary of findings

immediate risks to patients that required urgent attention by the practice in relation to good governance. As a result of the findings on the day of the inspection the practice was issued with enforcement actions for regulation 17.

During the period from May 2016 to our inspection in August 2016, the practice had experienced several major challenges in addressing the issues identified. For example, the practice was victim to an incendiary bomb incident and a lorry damaged part of the building.

A large number of the improvements needed as identified in the report of May 2016 had been made, however, some of these needed to be improved further.

Our key findings across all the areas we inspected were as follows,

- We found that improvements had been made to the process for following up safety alerts.
- Although the practice had not undertaken any minor surgery we saw that the consent form and process had been put in place.
- The practice had implemented robust medication review systems to monitor patients who were taking medicines that required monitoring.
- Significant improvements had been made to the practice policies and procedures; however, further improvement was needed to ensure that these were cascaded and used by staff.
- Significant event reporting and learning shared had been improved; there was scope for this to be further improved.
- The personnel files we viewed on the day of inspection did not all contain all the necessary information to ensure that the staff the practice employed were suitable.

- Management's oversight of the training of staff was not robust.
- We found the systems and management in place for assessing; ; monitoring and mitigating the risks related to the control of substances hazardous to health (COSHH) were robust.
- We reviewed the systems in place for safeguarding children and found that they had been improved. A protocol was in place to follow up children who had not attended hospital appointments.

## Action the service **MUST** take to improve

- Ensure that the appropriate recruitment checks are undertaken.
- Ensure that all staff have received the appropriate training and assessments required to undertake the tasks delegated to them.

## Action the service **SHOULD** take to improve

- Embed effective processes for policies and procedures into the culture of the practice

The practice continues to operate within the special measures applied by the CQC and will continue to do so for a total of six months from the publication of the report dated 31 May 2016. After this time, CQC will revisit and re-inspect Boughton Surgery and will amend our judgements and ratings in accordance with our findings at that time.

## **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?**

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following the inspection on 31 May 2016. We found that safety systems had been improved.

### **Are services well-led?**

We reviewed the urgent actions taken by the practice in response to the warning notice issued to them following the inspection on 31 May 2016. We found that quality monitoring procedures had been strengthened.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that the appropriate recruitment checks are undertaken.
- Ensure that all staff have received the appropriate training and assessments required to undertake the tasks delegated to them.

### Action the service **SHOULD** take to improve

- Embed effective processes for policies and procedures into the culture of the practice

# Boughton 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.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a

focused inspection of this service 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 requirements of the warning notice issued following a comprehensive inspection on 31 May 2016. The warning notices were issued because we found immediate risks that required prompt attention by the practice. We returned on 12 August 2016 to ensure the practice had taken action to mitigate the risks.

# Are services safe?

## Our findings

On the day of the inspection we found that the practice had made significant improvements to the issues identified in the inspection report from May 2016.

The practice was able to demonstrate that they had taken action and had systems in place to manage the safety alerts. We saw evidence that alerts had been received, a search of medical records performed if appropriate, and actions were taken if required. For example, a recent alert regarding warfarin (a medicine used to stop the blood from clotting). The practice undertook a search; this did not identify patients that needed to be reviewed. The search had been added to the regular audit file for future monitoring.

At our previous inspection we found there was an inconsistent approach to the recording of consent for minor surgery. Since our previous inspection the practice had not undertaken any minor surgery. The lead GP had written a report which detailed the minor surgery programme since 2015. In addition, a new consent form had been designed and was available for use. The GP assured us that this would be used when the practice undertook any procedure including soft tissue injections.

The practice had implemented robust medication review systems to monitor medicines that required patients to receive regular monitoring, for example, patients taking Methotrexate (Methotrexate is a medicine used for

conditions where patients' immune systems may be compromised). The practice demonstrated to us that they had reviewed the medical records of patients who were taking these medicines and had ensured that they had received appropriate blood testing. A system was in place to ensure future monitoring.

The practice had undertaken a review of the safeguarding policies and procedures. We noted that the computer system had alerts for safeguarding children and any child that had not attended a hospital appointment had been followed up. These were discussed at the practice monthly meeting.

We found the systems and management in place for assessing, monitoring and mitigating the risks of substances hazardous to health (COSHH) had been improved. A comprehensive file had been compiled and an audit undertaken. There were no actions identified in the audit.

When we inspected in May 2016, the staff files were not available for us to view. During this inspection, we viewed four personnel files. We did not find that they contained all the information necessary. For example, Disclosure and Barring Service checks had not been obtained for the locum doctors who worked at the practice. The practice policy and procedure had been reviewed and they told us that it would be followed for any future recruitment. The practice had not employed any new staff since our last inspection.

# Are services well-led?

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

## Our findings

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following the inspection on 31 May 2016. We found that quality monitoring procedures had been strengthened.

We recognised that the practice had met some unforeseen and difficult challenges whilst addressing the shortfalls identified in our report May 2016. Despite these setbacks the practice had made significant improvements to ensure that patients were kept safe.

The practice had invested a significant amount of time in ensuring that the practice had robust policies and procedures in place. We saw that they had been updated; however, the system to share these with staff and to ensure that the staff used them needed to be further improved. We recognised that this was work in progress.

The practice oversight on the training requirements and assessments of some staff needed to be improved further. We were concerned that although some staff had received the appropriate training and follow up assessments required this was not the case for all the dispensary staff.

The practice informed us that they would review this. The practice informed us immediately after the inspection that they had arranged the necessary training and would undertake the assessments needed.

The practice told us that due to the increased workload, staff shortages, and time restraints they had experienced they were delayed in undertaken staff appraisals by several months. They informed us that they would be undertaking them shortly.

The practice had further improved the systems and process to manage significant events. A significant event monitoring and analysis template had been updated however; there was further scope to embed this into the culture of the practice and staff; using the information to identify trends to further encourage improvements.

The practice shared with us minutes of meetings they had held for the staff meetings in July and August 2016, these minutes included a review of the May 2016 report and actions the practice was taking. For example, an update for the health and safety policy was explained and practice staff were asked to sign to acknowledge they had understood the changes.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice had not undertaken all the appropriate recruitment checks for locum GPs prior to engagement. For example, the appropriate checks through the Disclosure and Barring Service.</li><li>• The management oversight on the training and assessment requirements of staff was not robust. We found that the some dispensary staff did not hold the correct certificated training.</li></ul>