

Brookside Health Centre

Quality Report

Queens Road

Freshwater

IOW

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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 effective?

Good



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 inspection of Brookside Health Centre on 12 May 2016, to check that requirements made at our inspection in March 2015 had been met. Overall the practice is rated as good.

Our previous inspection in March 2015 had found the practice was good overall. We found that the practice required improvement in the Effective domain due to breaches of regulations relating to safe delivery of services. The practice was good for Safe, Caring, Responsive and well led services.

At that inspection we told the practice that they must maintain records relating to the management of regulated activities. We saw that policies required updating and in one case there was no policy in relation the Disclosure and Barring service checking.

The practice now maintained records relating to the management of regulated activities. This means anything relevant to the planning and delivery of care and treatment. This included governance arrangements such as policies and procedures, service and maintenance records, audits, and reviews, purchasing, actions plans in response to risk and incidents. We saw that policies had been updated.

The provider ensured that information about Health and Safety was up to date, accurate and properly analysed.

The practice had effective communication systems to ensure that people who use the service and relevant staff within the practice know the results of reviews about the quality and safety of the service and any actions being taken. We saw that the practice now held clinical meetings and practice staff meetings on a regular basis.

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 effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services well-led?

Good



Summary of findings

What people who use the service say

At this inspection spoke with 16 patients during the inspection. All 16 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

At the original inspection in March 2015 we received 24 completed patient comment cards and spoke with five patients at the time of our inspection visit.

Of the 29 people who provided feedback one said they were concerned about speaking with a GP on the phone and felt that the GP should always see the patient and one patient felt that the surgery was no longer a service for patients but a business.

The majority of the comments were very positive about the practice as a whole and patients reported that all the staff were caring and helpful, and treated patients with dignity and respect.

There was a patient participation group (PPG) in place and this group supported the practice with their surveys. Requests for volunteers to join the PPG were advertised through the practice website, the practice leaflet and on posters displayed in the waiting area.

Patients we spoke with and who completed comment cards were extremely positive about the care and treatment provided by the GPs and nurses and the assistance provided by other members of the practice team. They told us that they were treated with dignity and respect and some commented that the care provided was exceptional.

Brookside Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Brookside Health Centre

Brookside Health Centre, Queens Road, Freshwater, Isle of Wight, PO40 9DT is part of the West Wight Medical Practice and has a branch at Yarmouth Surgery, Station Road, Yarmouth, IOW, PO41 0QP. We did not inspect the branch practice.

The practice is responsible for providing primary care services to approximately 10,700 patients covering a large rural area of the Isle of Wight. The majority of the population come from Freshwater, Freshwater Bay, Alum Bay, Totland, Yarmouth and smaller surrounding villages. The practice has a GMS contract with the local clinical commissioning group to provide primary medical services to the area.

The appointments system is designed to provide patients with advice or an appointment as quickly as possible. The GP will phone the patient back, at their request, to arrange this. Appointments to see the GP are made by the GP or Advanced Nurse Practitioner (ANP).

For routine matters patients are asked to contact the practice either by telephone or by walking into reception between 8.30am and 3.00pm (Monday to Friday). The reception switchboard is open until 6.00pm.

The receptionist will take a telephone number where the patient can be contacted by the GP within a range of times suitable to the patient. Patients are asked to advise the receptionist if the problem is urgent or if the patient has a disability that prohibits them from using the telephone.

Patients are told that it may be appropriate for advice to be given by a GP over the telephone, for the patient to see another healthcare professional or have tests before being seen. If an appointment is needed this will be arranged by the patient and the GP. The practice aims to see all patients within 48 hours or at another time suitable to the patient.

At times when a patient's usual GP is away from the practice or on holiday and if the patient agrees that the matter is not urgent and for continuity of care, patients are asked to contact the practice on their GP's return.

If the matter cannot wait until the usual GP is available, the patient is contacted by another GP.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Beacon Centre who are the out-of-hours provider on the Isle of Wight. Patients can access the Beacon Centre via the 111 service.

The practice has three GPs two female and one male, two regular male locum GPs, a managing partner and three ANPs who together work the equivalent of seven and a quarter full time staff. The GPs and ANPs are supported by 11 nursing staff and health care assistants. The practice also has an administration team of 19 which consists of receptionists, administrators, a secretary, reception manager, IT manager and the practice manager.

The practice has a high number of patients who aged between 55 and 85 when compared to the England average.

Detailed findings

Why we carried out this inspection

At the inspection carried out on 3 March 2015, we made a requirement to address shortfalls with Regulation 17(2) (d) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 (Part3).

This regulation was not being met as the provider had not maintained records relating to the management of regulated activities meaning anything relevant to the planning and delivery of care and treatment. This included governance arrangements such as policies and procedures. Policies required updating and in one case there was no policy in relation the Disclosure and Barring service checking. The practice also had completed a minimal number of clinical audits and therefore was not driving improvement in performance to improve patient outcomes.

We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out this inspection to make sure that the necessary changes have been made. We found the provider was meeting the regulations included within this report. This report should be read in conjunction with the full inspection report.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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 effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

The practice had systems and processes in place to ensure that standards of care were effectively monitored and maintained. At our inspection in March 2015 spoke with the practice manager about audits and were told that these had been conducted for the practice by outside companies. We were shown an audit related to osteoporosis and another was being planned for atrial fibrillation. The practice was unable to provide details of any other audit and were told that the minimal numbers of audits carried out was due to the time pressures placed on the GPs over the previous months. The practice manager told us that the intention was to increase the number of audits as more time was made available with the introduction of new GPs.

At this inspection we saw evidence that 10 clinical audits had taken place since our last visit. These audits covered a

wide range of areas. For example one audit undertaken in September 2015 had been carried out to identify whether risks to bone mineral density in adolescents and perimenopausal women was being fully considered when these patients were prescribed a long acting injectable contraceptive.

Results showed no documented discussion in the 17 teenagers prescribed the medicine and some documented evidence of discussion in four out of nine peri-menopausal women. Actions from this included all new and current patients of any age using this contraceptive would have a discussion supported by written patient information in respect of risks to bone health if they had been using it for more than two years. Information was also provided on alternative methods of contraception. All patients aged under 18. On this medicine would be reviewed at their next appointment for the injection and alternatives would be discussed. The practice planned to re-audit these patients after one year.

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 our inspection in March 2015 we saw good working relationships amongst staff and an ethos of team working. Partner GPs and the salaried GP had areas of responsibility, such as infection control or safeguarding. It was therefore clear who had responsibility for making specific decisions and monitoring the effectiveness of specific areas of clinical practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards.

We reviewed a number of policies, for example, complaints handling protocol and recruitment policy in place to support staff. Staff told us they knew where to find these policies if required.

However we found that policies had not been updated regularly for example the business continuity plan had not updated contact numbers and locations since 2013 and although all clinicians had an enhanced Disclosure and Barring Service (DBS) check, we were unable to see a policy or risk assessments in relation to DBS checking for staff in non-clinical roles.

At this inspection we saw that all policies had been updated by the inclusion of a footer note that had an update date and the initials of the person doing the

updates. There was now a Disclosure and Barring (DBS) policy reviewed and updated 15th March 2016. All staff will be DBS checked unless they are “not working with patients on a one to one basis at any time and/or engaging with a regulated activity”.

Other policies such as Safeguarding of adults and children, Infection Control Policy, Health & Safety Responsibilities such as needlestick, decontamination, sharps, surgery responsibilities and Complaints Procedure Protocol had all been reviewed and updated where required.

The practice has also produced an employee handbook, given to all new staff, with details of how to access the policies via the practice computer systems thus avoiding the need for paper copies.

We also saw that since our last visit the practice had improved the number of meetings held. The practice managing partner met with the and lead nurse every week and the practice nurses every two weeks.

Clinical Meetings (All GPs & Nurses as available) were held every two months and a full team Meeting every six months as staff availability allows. There were also Ad Hoc reception and/or Admin Team to discuss specific items. There were multi discipline team and Palliative Care Meetings every two months.

All formal meetings are minuted and then circulated to attendees. Minutes of a variety of meetings were seen and contained list of attendees and notes of topics discussed.