

Buckfastleigh Medical Centre

Quality Report

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Date of inspection visit: 5 July 2017

Date of publication: 01/08/2017

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 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This announced focused inspection was carried out on 5 July 2017 to confirm that the practice had made improvements to meet the actions falling below a regulatory breach in our previous comprehensive inspection on 24 February 2016. In February 2016 the overall rating for the practice was Good. The full comprehensive report for the February 2016 inspection can be found by selecting the 'all reports' link for The Buckfastleigh Medical Centre on our website at www.cqc.org.uk.

This report covers our findings in relation to improvements made since our last inspection.

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

- The practice had clearly defined systems to minimise risks to patient safety. A new pharmacist had been employed to oversee medicines management.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice had introduced a new on line tool to assist with the provision of staff training
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place which ensured the cleanliness of the practice was maintained to a high standard.

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 safe services.

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as Good for effective services

- The practice monitored their patient's satisfaction on how easy they found it to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and routine appointments on the next day.
- Staff had the skills and knowledge to deliver effective care and treatment.

Good



Buckfastleigh Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was carried out by a Lead CQC Inspector.

Background to Buckfastleigh Medical Centre

The practice is situated in the small rural town of Buckfastleigh which is situated on the edge of Dartmoor National Park and provides a primary medical service to approximately 4,900 patients of a diverse age group.

There is a team of four GPs partners, two male and two female. Partners hold managerial and financial responsibility for running the business. The team are supported by a part time business manager, a nurse practitioner, two practice nurses, a healthcare assistant and additional clerical and reception staff who are managed by a reception manager and administration manager.

The practice is a training practice for doctors who are training to become GPs and for medical students. The practice also supports the apprentice scheme.

Patients using the practice also have access to community nurses, midwives, mental health teams, counsellors, research nurses, aortic screening and retinal screening on site. Health visitors and school nurses were based at the practice.

The practice is open from 8am to 6pm Monday to Friday. Early morning clinics are offered from 7:10am on Monday and Fridays. Outside of these times patients are directed to contact the Devon Doctors out of hour's service by using the NHS 111 number.

The Buckfastleigh Medical Centre provides regulated activities from Bossell Road, Buckfastleigh Devon TQ11 0DE.

Why we carried out this inspection

We undertook a comprehensive inspection of Buckfastleigh Medical Centre on 24 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection in February 2016 can be found by selecting the 'all reports' link for Buckfastleigh Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Buckfastleigh Medical Centre on 5 July 2017. This inspection was carried out to review in detail, the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out an announced focused inspection at short notice. We looked at management and governance arrangements and a sample of records and spoke with a GP, the lead nurse and the practice manager.

Are services safe?

Our findings

At our previous inspection on 24 February 2016 we rated the practice as good for providing safe services; however there were areas where the practice should make improvements in respect of the management of medicines, safeguarding training and infection control.

Overview of safety systems and process

In February 2016 we found staff understood their responsibilities for safeguarding and all had received training relevant to their role. GPs were trained to Safeguarding level three for children or were working towards this.

Since our last inspection we viewed evidence to show all the GPs had attained level three in safeguarding children. The practice had also purchased an on line training tool and all staff had updated their training in safeguarding to the appropriate level.

At our last inspection we observed flooring in the main treatment rooms were worn and not easily cleanable and sinks were not in line with current infection control guidelines. The GPs and nursing team were aware of the need to replace these and told us these would be included in plans within the two year business plan as part of overall surgery rebuild. However, they were not detailed in the business document as a priority.

At our inspection on 5 July 2017 the practice had replaced the flooring in the two treatment rooms and a programme of works was in place, with quotes, to replace the flooring in all the remaining clinical areas. Further improvements were included in the updated business plan.

Arrangements to deal with emergencies and major incidents

In February 2016 we looked at one doctor's bag and saw it did not contain medicines to treat anaphylaxis, chest pain, meningitis, acute asthma, suspected heart attacks or epilepsy. Another GP told us they did not carry emergency medicines. All of the GPs we spoke with explained that they would take an appropriate stock medicine after triaging the patient. However, there was no risk assessment or policy agreed in regard for emergency medicines stored at the practice or taken on home visits based on the rural location of the practice and proximity of nearest hospital and ambulance paramedic cover.

At this inspection we saw that the practice had revised their policy for medicines used when undertaking home visits. One grab bag for GPs to use when carrying out home visits was now available. This bag contained medicines to treat emergency medical conditions. We saw that these were all within their expiry date and systems were in place to monitor this.

The practice had also revised their appointment system to assess whether an on the day, next day or home visit was clinically necessary; and the urgency of the need for medical attention. This included the duty GP telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The practice gave an example of where a patient, who rang the practice with indigestion, was in fact experiencing a cardiac episode. The duty GP recognised this and an emergency ambulance was called immediately.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 February 2016 we rated the practice as good for providing effective services; however there were areas where the practice should make improvements in respect of effective staffing.

Consent to care and treatment

In February 2016 we found staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005.

GPs had received training on the MCA and whilst nursing staff understood their responsibilities they had not received any formal MCA training.

On 5 July 2017 we found the practice had introduced an online training tool that enabled all staff to complete training. MCA training had been included on the list of mandatory training that staff had to complete annually. Systems to monitor the completion of this training were incorporated into the annual appraisal.

Supporting patients to live healthier lives

Since our last inspection in February 2016 the practice had continued to promote and work with the Naturally Healthy Group based on Dartmoor and had won an award for their contribution to this scheme. This scheme allowed patients to access outdoor group activities on the moor including walking, cycling and arts to promote wellbeing and reduce the need for repeated appointments. The practice were also able to provide vouchers for the local swimming pool to assist with patient's health.