

Boroughbury 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 responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Boroughbury Medical Centre	9
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection at Boroughbury Medical Centre on 24 May 2016. Overall the practice is rated as good. We had identified a number of shortfalls at our previous inspection in January 2015 and issued three requirement notices under the Health and Social Care Act 2008 as a result. During this inspection, we found that the practice had taken sufficient action to address the breaches in regulations.

- The practice had continued to improve telephone access and had trialled using different telephone lines. They had proactively sought patient feedback on this issue, and the patients we spoke with generally made positive comments about booking an appointment.
- Infection prevention and control procedures had been formalised at both the main site and branch surgery. Cleaning schedules and monitoring systems were more robust, and we saw evidence of staff undertaking appropriate training.
- Access to emergency equipment on different floors of the building had improved, and we saw evidence of a comprehensive monitoring system of stock held in the emergency trolley.
- Complaints and significant events were analysed more closely and discussed with different members of staff at regular practice meetings.

- Governance systems were more robust. The practice had implemented an online system which held a comprehensive list of policies and procedures that were relevant to practice, along with personnel information and training schedules for staff.
- Data showed that the practice had made significant progress on medication reviews for patients who were prescribed medicines that require specific monitoring. The practice had a plan in place to ensure that the system for recalling patients continued to improve.
- The practice provided health promotion information in appropriate languages and formats. Furthermore, the practice had implemented a multi-faith calendar and an administration apprentice had taken on the role of ensuring that the practice showed an awareness of different religious events throughout the year.
- The practice had formulated a clear audit plan which demonstrated future quality improvement. Five clinical audits had been undertaken since the previous inspection.
- A fire drill had been undertaken in line with the practice fire risk assessment. Other practice risk assessments were robust and were scheduled to have timely reviews.
- The practice had implemented safeguarding registers for adults and children.

Summary of findings

- Staff we spoke to on the day of inspection felt that there had been good progress made within all areas of the practice.

The areas where the provider should make improvements are:

- Review the process for cascading Medicines and Healthcare Products Regulatory Agency (MHRA) updates throughout the practice.
- Continue to improve the recall system for medication reviews for patients who are prescribed medicines that require specific monitoring.

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.

Good



- The practice had developed systems and processes to ensure patient safety. On our previous inspection, we found that the practice did not have a robust system of checking the medication and equipment kept in the emergency trolley, or the stock levels of medicines kept in consulting rooms. The practice had since developed a robust monitoring system for all stock kept within the practice.
- Data showed that the practice had made significant progress on medication reviews for patients who were prescribed medicines that require specific monitoring. The practice had a plan in place to ensure that the system for recalling patients continued to improve.
- Infection prevention and control procedures had been formalised at both the main site and branch surgery. Cleaning schedules and monitoring systems were more robust, and we saw evidence of staff undertaking appropriate training.
- Complaints and significant events were analysed more closely and discussed with different members of staff at regular practice meetings.
- Access to emergency equipment on different floors of the building had improved.
- A fire drill had been undertaken in line with the practice fire risk assessment. Other practice risk assessments were robust and were scheduled to have timely reviews.
- The practice had implemented safeguarding registers for adults and children.
- There was scope to improve the process cascading Medicines and Healthcare Products Regulatory Agency (MHRA) updates throughout the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had formulated a clear audit plan which demonstrated future quality improvement. Five clinical audits had been undertaken since the previous inspection.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were clear induction and annual training schedules for staff in place.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was an improvement in the record keeping of team meetings held regularly at the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- At the last inspection we found that appointment systems were not working well so patients did not receive timely care when they needed it. The practice had continued to improve telephone access and had trialled using different telephone lines. They had proactively sought patient feedback on this issue, and the patients we spoke to generally made positive comments about booking an appointment.
- The practice provided health promotion information in appropriate languages and formats. Furthermore, the practice had implemented a multi-faith calendar and an administration apprentice had taken on the role of ensuring that the practice showed an awareness of different religious events throughout the year.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available for patients in a variety of languages, and we that learning from complaints had been shared with staff.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a patient participation group (PPG) which influenced practice development.

Summary of findings

- There was a strong focus on continuous learning and development at all levels.

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 spoke with nine patients during the inspection. All nine patients said they thought staff were approachable, committed and caring. Patients told us that appointments generally ran to time and that GPs and nurses took their concerns seriously, which made them feel involved in their care. One patient told us that it

could sometimes take some time to see a GP of choice, however, urgent appointments were available if required. Three patients we spoke to told us that they felt the telephone access for making an appointment had improved since the practice opened last year.

Boroughbury Medical 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, a second CQC inspector, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Boroughbury Medical Centre

Boroughbury Medical Centre is a purpose built practice situated in Peterborough city centre. The practice provides services for approximately 25,500 patients, operating a single user list from its primary location and a branch surgery in Werrington. Boroughbury Medical Centre opened to the public in November 2015.

Boroughbury Medical Centre has been formed from the merger of North Street and 63 Lincoln Road medical practices. 63 Lincoln Road was inspected in September 2013 using previous CQC methodology. Issues raised at this inspection were addressed, and the practice was later found to be compliant with the legal requirements and

regulations associated with the Health and Social Care Act 2008. The practice did not receive a rating following this inspection under CQC's previous methodology. North Street has not been previously inspected.

Boroughbury Medical Centre has a high percentage of older adults on its patient list, along with a high percentage of patients from a variety of ethnic minority groups. The practice team consists of 12 GP partners, two salaried GPs, an operations manager, a business manager, eight practice nurses and four health care assistants. It also has teams of reception and administration staff. There are members of staff employed who are fluent in different languages, including Spanish, Urdu, Hindi, Dutch, Italian, Polish and Arabic.

The practice is open between 8.15am to 6.30pm Monday to Friday. It also offers appointments between 8.40am to 12.00pm on most Saturday mornings, and between 6.30pm and 8pm on some weekday evenings. Full service provision is offered during these extended hours. Boroughbury Medical Centre's main site is set over three floors, with consulting rooms available for visiting members of the multidisciplinary team, a minor surgery suite, conference rooms and a medical library. There is ample parking for patients and six large waiting areas.

Are services safe?

Our findings

Safe track record and learning

On our previous inspection, we found that the practice had a clear system in place for reporting and recording significant events. Staff told us they would submit a form electronically, which would then be sent to the appropriate lead member of staff. Significant events were discussed at a designated monthly meeting and quarterly whole team meetings. The practice used a computer system to record significant events and identify trends in incidents. We saw evidence of action plans to facilitate change following significant events. For example, a significant event surrounding an intimidating patient had an action log stating that a policy would be implemented to protect staff. Topics discussed were used to plan upcoming staff training.

There was a lead member of staff responsible for cascading patient safety alerts. These were then discussed at clinical meetings to see if action was required. However, we found that updates were not being logged correctly therefore we were only able to see limited evidence of action following patient safety updates. Following the inspection, we received an updated policy on patient safety alerts and updates sent via the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Central Alerting System (CAS).

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. There were two lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Following our previous inspection, the practice had implemented specific safeguarding registers for vulnerable adults or children. The practice had a system in place to alert staff if there were safeguarding concerns about a patient.

The main site maintained appropriate standards of cleanliness and hygiene. We observed the premises to be

clean and tidy. Infection prevention and control procedures had been formalised at both the main site and branch surgery. Cleaning schedules and monitoring systems were more robust, and we saw evidence of staff undertaking appropriate training.

Medicines Management

Both blank prescription forms for use in printers and those for hand written prescriptions were held securely in the practice. Blank prescription paper was signed in to the practice but not signed out when it left the secure area. When we raised this with the practice, they immediately implemented a stock control form for prescription paper. Medicine refrigerator temperatures were recorded daily, and staff were clear on what to do if temperatures were not within the safe limits. Staff told us that processes were in place to ensure the cold chain of vaccines was maintained.

On our previous inspection we found that the practice did not have a robust recall system in place for patients who took prescribed medication that required monitoring. Data showed that there had been significant improvements in the monitoring of patients who took ACE inhibitors, thyroxine and warfarin. Furthermore, the practice had undertaken audits on patients taking high risk drugs that require monitoring, such as methotrexate and lithium. We found that there was scope to improve the monitoring of patients taking loop diuretics. Following our inspection, the practice provided us with evidence of an analysis of anonymised patient data and an updated recall system for patients taking these medicines.

The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found that medication used on a regular basis was kept in consulting rooms, and the practice had implemented a clear system to maintain stock control.

Staff Recruitment

We reviewed the personnel files of newly appointed staff and found that appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Personnel files were now maintained on the practice computer system.

Are services safe?

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments, and had undertaken a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

Arrangements to deal with emergencies and major incidents

The practice had robust arrangements in place to respond to emergencies and major incidents.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff were also aware of panic alarm buttons. The practice had a defibrillator available on the premises, along with oxygen with adult and children's masks. There was also a first aid kit and accident book available. An emergency trolley was easily accessible to staff at the branch surgery. On our previous inspection we noted that the emergency trolley held in the main site was on the ground floor and could not be accessed quickly from some areas of the building. Furthermore, we found out of date needles and syringes in the emergency trolley at the main site. The practice had since purchased further emergency equipment which was stored on the first floor of the practice, and had developed a robust monitoring system for emergency medicines and equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. Records were now kept for clinical meetings, therefore we were able to see which topics had been discussed. GPs informally met every morning to discuss any issues relating to practice.

Management, monitoring and improving outcomes for people

Currently, there are no results from the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients at present. QOF is a system intended to improve the quality of general practice and reward good practice. This is due to the infancy of the practice. We found that each GP had a lead area for QOF data.

In our previous report we noted that the practice should formulate a clear audit plan with a view to demonstrating quality improvement going forward. The practice had formulated a clear audit plan which demonstrated future quality improvement. Five clinical audits had been undertaken since the previous inspection.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their quality management system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that the multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In our previous report we noted that the practice did not consistently meet the needs of patients with disabilities. For example, portable hearing loops were not used in the reception areas at both the main site and branch surgery. The practice had since ordered hearing loops for the reception areas.

The practice had introduced further health promotion information in appropriate languages and formats. In addition to this, the practice had implemented a multi-faith calendar and an administration apprentice had taken on the role of ensuring that the practice showed an awareness of different religious events throughout the year.

Access to the service

Appointments were available between 8.30am to 6.30pm Monday to Friday. It also offered appointments between 8.40am to 12.00pm on most Saturday mornings, and between 6.30pm and 8pm on some weekday evenings. The practice was closed for appointments between 12pm to

2.30pm each day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

At the last inspection we found that appointment systems were not working well so patients did not receive timely care when they needed it. The practice had continued to improve telephone access and had trialed using different telephone lines. They had proactively sought patient feedback on this issue, and the patients we spoke to generally made positive comments about booking an appointment.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was also displayed on the wall in the waiting area. On our previous inspection we found that there was no information available to help patients understand the complaints system on the practice's website or in their information leaflet. This had since been implemented in a variety of different languages. Complaints were now shared at staff meetings to improve the quality of the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. There was a focus on promoting integrated care and developing a clinical hub model. The practice had implemented a robust strategy and supporting business plans to reflect this. We saw that these had developed since our previous inspection.

Governance arrangements

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were available on a quality management system. We looked at a number of policies and procedures and found that they were up to date and bespoke to the practice. Progress had been made to embed quality monitoring processes into the practice.

Discussions with different members of staff demonstrated that the leadership structure within the practice was clear. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Communication across the practice was structured around key scheduled meetings for separate teams. The practice had also introduced regular meetings that were open to all members of staff. We found that the quality of record keeping for practice meetings had significantly improved.

Leadership, openness and transparency

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us that management staff were approachable and helpful.

We noted that the practice had organised social events to aid the amalgamation of two teams of staff. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice ensured that there was mentorship and pastoral support for junior staff and their GP registrars. There was an emphasis on supporting trainee staff, and the practice had included a medical library in the main site.

Seeking and acting on feedback from patients, the public and staff

The practice gathered feedback from patients through the PPG, and through feedback forms and complaints received. A suggestions box in the reception area had been made available for patients to leave comments in, which was checked daily.

The active PPG held monthly meetings at the surgery, which were attended by two senior members of the practice team. They were planning on holding an event in the practice during PPG Awareness Week to promote the group and its aims and objectives. There was a PPG board in the reception area that included minutes of recent meetings.