

# Burnham & Berrow Medical Centre

## Inspection report

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Burnham On Sea  
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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 location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Burnham and Berrow Medical Centre on 24 August 2021. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

Safe - Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive – Requires Improvement

Well-led – Requires Improvement

Following our previous inspection on 11 May 2017 the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Burnham and Berrow Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection in response to an increase in intelligence indicating a potential decline in performance of this practice and an escalation of risk. This inspection was a comprehensive inspection where we inspected all five key questions, Safe, Effective, Caring, Responsive and Well-led.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

## Our findings

We based our judgement of the quality of care at this service on a combination of:

# Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as Requires Improvement overall, with Good in caring and Requires Improvement for safe, effective, responsive and well-led key questions. We have rated all the population groups as Requires Improvement overall. This is because the feedback highlighted in the national GP patient survey report regarding accessing the service, affects all patients in all of the population groups.**

We found that:

- The practice did not always provide care in a way that kept patients safe and protected from avoidable harm. Not all patients on high risk medicines were appropriately monitored or recalled.
- Patients did not always receive effective care and treatment that met their needs. Action had been taken to improve patient outcomes in relation to the Quality Outcomes Framework. However, the performance indicators in relation to the majority of long term conditions were below the national average.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- There were significant constraints on the ability of people to access care and treatment in a timely way using the telephone system.
- The leadership and governance did not always support the delivery of high-quality person-centred care, which led to safety concerns and inconsistencies in record keeping for example, recruitment processes, fire safety and health and safety systems.

We also found the following areas of notable practice:

- Patient feedback was positive about the COVID-19 vaccination programme and the way it had been managed and delivered.
- During the pandemic the practice had run Young Adult and Family Planning Clinics via telephone, as well as face to face appointments for patients who needed to be seen. A member of the nursing team had researched and developed a policy for the provision of self-administered long action contraceptive injections. Patients therefore only needed to attend the practice once a year for review, rather than every 13 weeks.

We found two breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Ensure systems for the disposal of clinical waste, in respect of sharps bins are reviewed and embedded into practice.
- Continue to monitor and improve outcomes for patients with long-term conditions.
- Continue to identify ways to improve uptake for cervical screening.
- Continue to monitor and improve outcomes for patients with mental health conditions.
- Ensure all staff receive an annual appraisal.
- Establish an effective Patient Participation Group.
- Ensure patient surveys are embedded into continuous improvement processes.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

|                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Older people</b>                                                            | <b>Requires Improvement</b>  |
| <b>People with long-term conditions</b>                                        | <b>Requires Improvement</b>  |
| <b>Families, children and young people</b>                                     | <b>Requires Improvement</b>  |
| <b>Working age people (including those recently retired and students)</b>      | <b>Requires Improvement</b>  |
| <b>People whose circumstances may make them vulnerable</b>                     | <b>Requires Improvement</b>  |
| <b>People experiencing poor mental health (including people with dementia)</b> | <b>Requires Improvement</b>  |

## Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a second team inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Burnham & Berrow Medical Centre

Burnham Medical Centre is located in Burnham on Sea at:

Love Lane

Burnham on Sea

Somerset

TA8 1EU

The practice has a branch surgery Berrow Medical Centre at:

Berrow Health Campus

Brent Road

Burnham on Sea

Somerset

TA8 2JU

We visited both locations during our inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch site. Patients can access services at either site.

The practice is situated within the Somerset Clinical Commissioning Group (CCG) and delivers services to a patient population of 16,323. The practice's catchment area ranges from Brean Down in the North, through Brean, Berrow,

Burnham-on-Sea and Highbridge to the boundary with West Huntspill in the South and Eastwards covers the villages of Brent Knoll and East Brent. The practice also has patients registered who reside at a number of local nursing and care homes and sheltered accommodations. Burnham-on-Sea and the surrounding area accommodate large tourist numbers with many camping and caravanning sites in the area.

The practice is part of a wider network of GP five practices forming the North Sedgemoor Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is six on a scale of one to ten. The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 0.9% Asian and 98.1% White.

The clinical team comprised of two GPs partners, three salaried GPs, one nurse manager, two clinical pharmacists (although the full time post holder had recently resigned and the part time post holder was on maternity leave), one pharmacy technician (currently being recruited), four primary care practitioners (paramedics), two musculoskeletal practitioners, three long term condition nurses, three treatment room nurses, three healthcare assistants, and one phlebotomist. Not all clinical staff worked full time hours. There were 6.55 Work Time Equivalent vacancies across the clinical team.

The non-clinical team comprised of one management partner, one practice manager, four management support team staff, three secretaries, ten receptionists, eight administrators, three prescriptions clerks, four data clerks and one apprentice. There were no vacancies across the non-clinical team.

The clinical staff provided cover at both practices and the management partner and practice manager were based at the main site to provide managerial oversight and visited the branch site when needed.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needed to see a patient face-to-face then the patient was offered a choice of either the main GP location or the branch surgery.

The practice has opted out of providing out of hours services to their patients. Patients were advised to contact the out of hours services via the NHS 111 service.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>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> <p>There was a lack of systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Recruitment processes were not effective and did not consistently demonstrate the previous work history and performance of potential staff.</li><li>• Fire safety systems and records did not detail whether identified actions to reduce risk had been completed.</li><li>• Health and safety systems and records did not detail whether identified actions to reduce risk had been completed. For example the management of Legionella in the hot and cold water supply.</li><li>• Not all leaders had the capacity to lead effectively due to staff vacancies and shielding during the COVID-19 pandemic.</li><li>• There was no current, clearly documented strategy or business plan.</li><li>• There was no clearly documented leadership development programme or succession plan.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> |

## Requirement notices

- Not all patients on high risk medicines were appropriately monitored or recalled.
- There were not effective systems to ensure staff had the appropriate authorisations before medicines were administered.
- The practice had not monitored, recalled or met their performance targets for some groups of patients, for example those with long term conditions.
- Not all mental health patients due a review had been recalled and patient outcomes for this population group were below the national average.
- There were significant constraints on the ability of people to access appointments, care and treatment in a timely way using the telephone system.

This was in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.