

Branksomewood Health 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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Branksomewood Health Centre on 17 February 2016. The overall rating for the practice was good. The practice was rated as requires improvement for the safe domain. The full comprehensive report on the February 2016 inspection can found by selecting the 'all reports' link for Branksomewood Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 April 2017 to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection on 17 February 2016, we rated the practice requires improvement for providing safe services as the practice could not fully demonstrate that staff were fit for employment at the practice. In addition the practice was also unable to confirm that all staff had now completed or had updated training on safeguarding children and vulnerable adults.

Our key findings from the follow up inspection on 11 April 2017 were as follows:

- We found that all staff had received safeguarding adult and children training to a level suitable for their role and had engaged in further update training.
- The practice now collected employee health declaration forms for all staff when they started employment.
- Recommendations from risk assessments such as for fire and Legionella were completed and reassessed within given timescales.
- The practice had adequate chaperone arrangements.
- Significant events had been recorded more thoroughly with appropriate action points, and relevant lessons to be learned, which had been cascaded down to all relevant staff members.

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 now rated as good for providing safe services.

Good



- All staff had received safeguarding adult and child training to a level appropriate for their role and engaged in update training when available. Staff demonstrated an understanding of safeguarding issues and the two members of staff spoken to on the day were able to give examples of when a concern would need to be raised with a GP.
- A more comprehensive significant events reporting form had been implemented and the practice recorded discussions around lessons learned and actions to be taken. This information was cascaded down to all staff.
- Staff were required to complete an employee health declaration record as part of the employment process to ensure they were fit to do the role.
- Recommendations from risk assessments such as for fire and Legionella had been completed and repeated or had a date for the next review.

Branksomewood Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was undertaken by a CQC Lead inspector and a CQC assistant inspector.

Background to Branksomewood Health Centre

Branksomewood Health Centre is situated on the edge of a large commuter town. The health centre is purpose built with a large car park and disabled spaces to the front and staff parking to the rear. Access to the practice is through double doors which are not automatic. Wheelchair users can ring a bell and reception staff are available to assist them entering the building. There is a separate chemist that shares the building and provides an automatic door access during their opening hours. The practice has seven clinical rooms and four treatment rooms all on the ground floor with wide corridors. The reception has an area for patients to wait behind to support private conversations at the front desk and there is an electronic check-in point available.

There are three GP partners (two male and one female) and five part time salaried doctors, one male and four female (equivalent to six full time doctors). The practice has four

practice nurses, a nurse practitioner and two health care assistants. The practice has a phlebotomist that they share with another practice. The practice has approximately 12700 patients registered.

The practice is open between 8.00am and 6.30pm Monday to Friday; appointments are available between 8.50am and 5.30pm. Extended surgery hours are offered on Mondays until 8pm and every fourth Saturday there is a bookable clinic from 8.30am until 11.30am. When the practice is closed patients are advised to contact the on call doctors' service via NHS 111.

The practice is situated in one of the most affluent areas of England with low deprivation rates. It has a higher than average life expectancy for both males and females. It has an above average population of people aged 35-54.

The practice operates from one location which is situated at:

Branksomewood Road

Fleet

Hampshire

GU51 4JX

Why we carried out this inspection

We undertook a comprehensive inspection of Branksomewood Health Centre on 17 February 2016 under section 60 of the Health and Social Care Act 2008 as part of our regulatory function. The practice was rated as good. The practice was rated as requires improvement for the

Detailed findings

safe domain. The full comprehensive report following the inspection in February 2017 can be found by selecting the 'all reports' link for Branksomewood Health Centre on our website at www.cqc.org.uk.

On the previous inspection the practice was found to be in breach of regulation 12 of the Health and Social Care Act (regulated activities) 2014; Safe care and treatment. The areas in breach were around safeguarding training for staff and recruitment.

We undertook a follow up focused inspection of Branksomewood Health Centre on 11 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Reviewed a range of risk assessments, policies and procedures held at the practice.
- Reviewed administrative records and staff files.
- Spoke with two members of administration staff as well as the registered manager.

We also held a telephone conversation with the practice manager prior to the inspection day.

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 safe?

Our findings

At our previous inspection on 17 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements for providing safeguarding training and ensuring staff maintained up to date knowledge was not adequate. The practice had also failed to ensure all recruitment checks were undertaken prior to staff starting employment, namely conducting a health declaration form.

These arrangements had improved when we undertook a follow up inspection on 11 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the previous inspection, the practice was found to be completing safety records, incident reports and safety alerts and viewed records of meeting minutes where these were discussed. However, it was found that records for significant events or safeguarding events were not fully recorded to evidence that learning had occurred with no evidence of actions implemented to improve the safety of the practice.

During this inspection, we looked at a sample of significant events records that had been recorded in the past year. The practice told us that since the last inspection they had changed their significant event recording forms to include a second page which was to be completed at a review meeting and to document all the actions and learning as a result of the event. Each significant event we viewed had a completed form and follow up review meeting record. The practice also had created an annual summary document for all significant events that had occurred in 2016-2017. This document also contained the summary of lessons learned and actions to be taken and was available for all staff to view via their staff electronic 'p-drive' and a hard copy on the staff room notice board. To ensure all staff had read the significant events the practice had created a system whereby a copy of the event was circulated to each discipline and staff had to sign the front sheet to say that they had read the event. We observed five significant event forms completed since July 2016 but only the most recently recorded significant event had these front sheets on. We observed a similar new process to the annual significant events summary for recording safeguarding issues.

There were a number of meeting minutes recorded. We selected to review meeting minutes from two meetings for salaried GPs; September 2016 recorded significant events and December 2016 recorded safeguarding issues. We also saw the computer system had a staff 'p-drive' to store significant events records and the summary spreadsheet. The practice had also arranged for an annual significant events round up meeting to be held, with the first meeting planned for 12 May 2017.

Overview of safety systems and process

At the inspection on 17 February 2016 we found that two new staff members had not received safeguarding awareness training as part of their induction. Additionally staff spoken to on the day were unable to demonstrate an awareness of situations where children and adults might be at risk of abuse. The safeguarding lead had not attended any update training for the past two years and told us that there had not been any safeguarding incidents or near misses at the practice despite another staff member having told us that they had raised concerns about a vulnerable person.

During the follow up inspection we reviewed staff training records for safeguarding and saw that the practice had updated the safeguarding folder with dates of safeguarding training and certificates of all staff. Staff had completed safeguarding adults and children sessions to a level appropriate for their role. Staff had also engaged in update training run by the NHS North East Hampshire and Farnham clinical commissioning group. One new staff member had a record to show that they had completed safeguarding children training but we were unable to find evidence in the form of a certificate to verify this. However we were told by the practice manager that this staff member had completed the training with their previous employer and had engaged in safeguarding training as part of the induction.

Two members of administration staff spoken to on the day of the follow up inspection were able to demonstrate some understanding of safeguarding and give examples of when to raise an alert with the safeguarding lead.

On the initial inspection the practice were unable to fully demonstrate to us that staff were safe and suitable for their role. Staff were not requested to complete employee health declaration forms as part of their pre-employment checks. At the follow up inspection we reviewed the recruitment

Are services safe?

files of six staff who had started employment since the previous inspection. All six files contained health declaration forms and a date on the front sheet to state when this had been completed.

Monitoring risks to patients

In February 2016 the practice had not acted upon recommendations made by risk assessments, particularly for fire and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had 26 areas where priority action was to be taken within three months of the risk assessment having been carried out.

At this inspection the practice had recorded that the actions had been completed but had not dated when these had been completed. In February 2016 the practice commissioned another company to conduct a new full risk assessment and complete any actions from recommendations. We saw a certificate and log sheet to evidence that any health and safety work as a result of recommendations from the risk assessment were completed on 3 April 2017 and that the company would be providing ongoing monitoring on a monthly basis from then on. We saw evidence that the practice had also undertaken regular fire alarm testing and practised a full evacuation of the building within the past three months.