

# Boneyhay Surgery

## Inspection report

11 Longfellow Road  
Boneyhay  
Burntwood  
Staffordshire  
WS7 2EY  
Tel: 01543 674503  
[www..boneyhaysurgery.co.uk](http://www.boneyhaysurgery.co.uk)

Date of inspection visit: 12 March 2019  
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating April 2018 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Boneyhay Surgery on 12 March 2019 as part of our inspection programme, to follow up on breaches of regulations.

At our last inspection in April 2018, we found that the provider was in breach of regulations 12 and 17. The regulations were not being met as the registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

Regulation 12:

- Health and safety risk assessments were not completed as required.
- Risk assessments of the safety and security of the premises had not been completed.
- COSHH risk assessments had not been completed.
- Non-clinical staff who acted as chaperones had not received appropriate training to support them in the role.
- Effective systems were not in place for the appropriate monitoring of all high-risk medicines prescribed.

Regulation 17:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

There was a lack of management oversight of governance arrangements related to:

- Recruitment processes
- Staff lead roles and responsibilities
- Staff training.

At this inspection we found:

- That the practice had made significant improvements in most areas. However, they remained in breach of regulation 12 as: effective systems were not in place for the appropriate monitoring of all high-risk medicines prescribed.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure effective systems are in place for the appropriate monitoring of all high-risk medicines prescribed.

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

Complete the policies they have under review.

Take action to improve staff files and records.

Improve the recall process for patients with long-term conditions.

Take action to ensure furniture in clinical rooms is suitable for the intended purpose.

Take action to include the ongoing complaints process in response letters.

Review the requirement for nurse appointments when the nurse has days off.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated  
Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and an assistant inspector from the hospitals directorate who was shadowing the inspection.

## Background to Boneyhay Surgery

Boneyhay Surgery is registered with the Care Quality Commission (CQC) as an individual GP practice. The practice is part of the NHS South East Staffordshire and Seisdon Peninsular Clinical Commissioning Group.

The practice holds a General Medical Services (GMS) contract. This is the most common kind of contract between NHS England and general practices for delivering general medical services.

The practice operates from Boneyhay Surgery, 11 Longfellow Road, Boneyhay, Burntwood, Staffordshire WS7 2EY.

There are approximately 2200 patients of various ages registered at the practice. The practice has a higher than average number of older patients when compared to the Clinical Commissioning Group (CCG) and national averages.

The practice provides a GP service in an area less deprived and is within the fourth least deprived decile nationally.

The practice team consists of a male GP who works full time, undertaking ten clinical sessions per week. The GP is supported by a regular female locum GP and a part time practice nurse.

A practice manager and four reception staff support the clinical team.

The practice is closed on Wednesday afternoons and alternative arrangements are in place to support patients during this time.

The practice does not provide dispensary services.

The practice is registered to provide the following regulated activities:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, family planning, diagnostic and screening procedures.

The practice offers a range of services, for example, management of long term conditions such as diabetes, contraceptive advice, immunisations for children and travel vaccinations.

Additional information about the practice is available on their website: [www.boneyhaysurgery.co.uk](http://www.boneyhaysurgery.co.uk).

# Are services effective?

Detailed findings narrative goes here...

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to health and safety of service users receiving care and treatment. In particular:</p> <p>Effective systems were not in place for the monitoring of all high risk medicines prescribed.</p>