

# Bursledon Surgery

## Quality Report

The Lowford Centre  
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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 well-led?

Good



# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	3

### Detailed findings from this inspection

Our inspection team	Page 4
Background to Bursledon Surgery	4
Why we carried out this inspection	4

## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bursledon Surgery on 20 April 2017. The overall rating for the practice was good, with the well led domain rated as requires improvement. The population group for people whose circumstances make them vulnerable was rated as requires improvement. The full comprehensive report for 20 April 2017 can be found by selecting the 'all reports' link for Bursledon Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 26 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in April 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection we made recommendations with regard to sharing of learning of significant events with staff; reviewing all patient group directives for medicine administration had been signed and authorised; continuing with the remedial arrangements for Legionella testing; and reviewing the title of the form used for risk assessing whether a disclosure and barring service check was needed.

Our key findings were as follows:

- Governance arrangements had been strengthened to demonstrate how the practice was performing.

- Staff had received training on the Mental Capacity Act 2005 and were able to apply this in practice.
- Systems and processes in place enable the practice to have an oversight of its performance.
- The form used for risk assessing whether a member of staff needed to have a disclosure and barring service check had been updated to reflect what information was being requested.
- All patient group directives used by staff to authorise them to administer vaccines and immunisations had been correctly signed by the member of staff who gave the medicines and had been authorised by a GP.
- Actions related to Legionella testing and control had been completed and there was ongoing monitoring.
- Significant events had been documented and learning shared with relevant members of staff and external organisations.

Overall the practice is rated as good. The rating for the population group for people whose circumstances may make them vulnerable has also changed from requires improvement to good.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### **People whose circumstances may make them vulnerable**

At our previous inspection this population group was rated as requires improvement, as not all staff had received training on the Mental Capacity Act 2005. They were unable to demonstrate how a patient's capacity would be assessed. We found the practice had provided training for staff and they were able to describe to us what actions they would take if needed.

**Good**



# Bursledon Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

## Background to Bursledon Surgery

Dr Vivian Ding is the solo registered provider of Bursledon Surgery located at The Lowford centre, Portsmouth Road, Lowford, Southampton, Hampshire, SO31 8ES.

There is one female GP who is also the provider and there is one male salaried GP. The practice has an advanced nurse practitioner, a practice nurse, a health care assistant and a phlebotomist. The practice is supported by a practice manager and a reception and administration team.

Bursledon Surgery provides services for approximately 3,850 patients and there is a slightly higher than average number of patients aged four years and under; and aged 30-34 years old.

The practice is open between 8.30am and 6.30pm Monday to Fridays. Appointments are available between these times daily, extended hours appointments are offered early mornings on Mondays and Wednesdays and evenings on Thursdays. When the practice is closed patients are advised to dial the NHS 111 service for the out of hours services.

We visited the only location at this inspection.

## Why we carried out this inspection

We undertook a comprehensive inspection of Bursledon Surgery on 20 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with the well led domain rated as requires improvement. The full comprehensive report following the inspection on April 2017 can be found by selecting the 'all reports' link for Bursledon Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Bursledon Surgery on 26 March 2018. 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.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 20 April 2017, we rated the practice as requires improvement for providing well-led services as the overarching governance structure needed further improvement. Shortfalls related to systems and processes for learning from significant events and complaints; reviewing arrangements to ensure a comprehensive understanding of the practice performance; and ensuring staff training had been delivered and monitored in accordance with practice policy.**

**We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 26 March 2018. The practice is now rated as good for being well-led.**

### Leadership capacity and capability

At our previous inspection improvements were needed in management to ensure that staff could be confident in approaching GPs about concerns and would receive consistent responses to queries. Staff said that they were able to speak with GPs and the practice manager if they had any concerns. They considered they were supported to carry out their roles.

### Governance arrangements

The practice had continued to improve on its governance framework to support the delivery of the strategy and care. Training had been provided in accordance with practice policy, in particular on the Mental Capacity Act 2005. Staff were able to give us examples of when this might need to be applied in practice.

The practice had strengthened its governance arrangements to maintain an oversight of how the practice was performing. Systems and processes were in place to monitor outcomes for patients, for example health check recalls for long term conditions were planned for and monitored. The practice had a schedule of audits and these were ongoing. An example of a completed audit of the prescribing of high risk antibiotics showed that there had been a reduction in the amount of antibiotics prescribed which were not compliant with current guidance.

There was a range of regular meetings for staff groups to discuss the running of the practice. Minutes of a whole staff meeting showed that all staff had received information on where policies and procedures were held and how to report concerns.

Minutes of meetings related to significant events and complaints held clearly demonstrated that taken were monitored and there was shared learning. For example, the practice identified that tests results for patients had not been downloaded properly on their computer system. One of the GPs accessed the results which were held on an external system and took appropriate action. They also cross checked all results until the issue was resolved.

A recommendation at the previous inspection related to reviewing the arrangements for providing translation services. This was due to family members being used on occasion. A protocol had been developed and provided to all clinicians so they would be clear that telephone translation services were available.