

Bognor 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 effective?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

The practice is rated good overall and is now rated good for providing effective and well services.

We carried out an announced comprehensive inspection of this practice on 11 February 2016. Breaches of legal requirements were found during that inspection within the effective and well led domains. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. As a result, we undertook a focused follow up inspection on 26 September 2016 to follow up on whether action had been completed to deal with the breaches.

During our previous inspection on 11 February 2016 we found the following areas where the practice must improve:-

- Ensure that all staff, including administrative staff have received training in relation to safeguarding both adults and children.
- Ensure there is a robust plan in place to develop the practice patient participation group

Our previous report also highlighted areas where the practice should improve:-

- Ensure they hold safeguarding information in one place in the form of a register.

- Ensure action relating to infection control audits includes timely completion dates and monitoring of action taken.
- Review feedback from patients relating to patient consultations and involvement in their care and take appropriate action to improve satisfaction in these areas.
- Continue to address issues relating to patients satisfaction with opening times and telephone access and monitor changes in relation to this.
- Address patient concerns relating to access to appointments and their preferred GP.
- Review quality and outcomes framework (QOF) exception reporting and take action to ensure this is aligned to local and national reporting rates.
- Take action to improve the uptake of cervical screening and ensure the practice holds records relating to this.
- Take action to improve the seasonal flu vaccine rates for patients over 65 and those in clinical risk groups.

We conducted a follow up focused inspection on 26 September 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

During this inspection we found:

Summary of findings

- All staff, including administrative staff had received training in relation to safeguarding both adults and children
- Robust plans were in place to develop the practice patient participation group

We also found in relation to the areas where the practice should improve:

- That safeguarding information was now collated on one register that was accessible to all relevant staff
- Actions arising from an audit of infection control had been followed up and completed.
- The practice had improved access to the appointments system by allowing patients to phone up and book appointments the afternoon before. They had also expanded the triage system to ensure that appointments were prioritised according to clinical need.
- Action had been taken to address lower levels of patient satisfaction with continued efforts to recruit additional GPs to vacant posts. The practice had also secured longer term locum GPs to provide more continuity for patients.
- The practice had taken action to improve the uptake of cervical screening by translating the invitation letter in to Polish in order to reach this part of the community. It was also in the process of introducing a text message reminder system.
- In order to reduce the level of exception reporting there was a dedicated member of staff responsible for encouraging patients with learning disabilities and mental health problems to attend for their annual reviews.
- The practice had planned three Saturday morning flu clinics to encourage and improve the uptake of the vaccine by for patients over 65 and those in clinical risk groups

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 effective?

The practice is now rated good for delivering effective services.

At our last inspection, we found that not all administrative staff had attended training on safeguarding children and vulnerable adults.

At this inspection, we looked at the training records and saw that found that all of the administrative staff had received training on safeguarding children and vulnerable adults.

Good



Are services well-led?

The practice is now rated good for delivering well led services.

At our last inspection, we found the practice tried to recruit to a virtual patient participation group (PPG) with limited success and only a few volunteers.

At this inspection, we found that the practice had made significant progress with recruiting members to its PPG and that there was a robust plan in place for the formation of a PPG by the end of October 2016.

Good



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

The practice was rated as requires improvement for the care of older people on 11 February 2016. This rating has now changed to good.

Good



People with long term conditions

The practice was rated as requires improvement for the care of people with long term conditions on 11 February 2016. This rating has now changed to good.

Good



Families, children and young people

The practice was rated as requires improvement for the care of families, children and young people on 11 February 2016. This rating has now changed to good.

Good



Working age people (including those recently retired and students)

The practice was rated as requires improvement for the care of working age people (including those recently retired and students) on 11 February 2016. This rating has now changed to good.

Good



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable on 11 February 2016. This rating has now changed to good.

Good



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) on 11 February 2016. This rating has now changed to good.

Good



Bognor Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

11 February 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found. As a result, we undertook a focused follow up inspection on 26 September 2016 to follow up on whether action had been taken to deal with the breaches.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our previous inspection, we found that not all administrative staff had received training on safeguarding children and vulnerable adults. This meant they might not have up to date knowledge and skills to identify the signs and symptoms of abuse and the policies and procedures for reporting it.

At this inspection, the practice manager was able to show us training records and certificates that showed that all of the administrative staff had completed on-line training in relation to this. We also saw that some face-to-face training had been booked for all staff in October 2016. All staff had now received the appropriate level of training.

Are services well-led?

Good 

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

Our findings

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

At our previous inspection, we found that the practice had tried to recruit to a virtual patient participation group (PPG) with limited success and only a few volunteers. They had not held any meetings at the time of our inspection although we saw that how to take the group forward and generate interest had informed discussions at practice meetings. It was unclear how the practice intended to ensure improvements in this area.

At this inspection, the practice manager told us that after the inspection they had contacted their local Healthwatch who had agreed to provide support to them in setting up a PPG. The practice had given their paramedic practitioner the lead role in setting up a group. In May 2016, a patient survey was undertaken, which also canvassed interest from patients in becoming members of the PPG. Eight patients had expressed an interest. The practice also planned to promote interest for the PPG at forthcoming flu clinics and hoped that there would be sufficient interest to enable a group to be formed at the end of October 2016. The practice now had a clear plan in place.