

Budshead Medical Practice

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	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Budshead Medical Practice on 7 January 2016. This was to review the actions taken by the provider as a result of our issuing four legal requirements.

Our previous inspection visit in November 2014 found breaches of regulation relating to the safe and well-led delivery of services.

This inspection was undertaken to check the practice was meeting regulations. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report published on the 30 July 2015.

We found the practice had made improvements since our last inspection and was meeting the regulations that had previously been breached.

Specifically we found:

- Staff had clear procedures to follow to ensure medicines and equipment required for resuscitation and other medical emergencies are regularly checked, maintained and in date.

- Recruitment arrangements included all necessary risk assessments and employment checks for all staff.
- A risk assessment was in place in relation to testing for legionella.
- There were formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Systems were in place to monitor, analyse and learn from complaints and significant events.

In addition to making improvements to the regulation breaches the practice had also acted upon suggestions for good practice as detailed in the previous inspection report.

- All staff attended equality and diversity training in January 2015.
- In addition to staff training records maintained in individual staff files, the practice had implemented a training log for the whole staff team.
- The practice was producing a twice yearly patient information newsletter and publicising how the practice had responded to suggestions from patients on how to improve services at the practice.

Summary of findings

- The practice had revised their patient information leaflet on how to complain about services. This now included information about how to take a complaint further if they were not satisfied with the outcome of the practice investigation of their complaint.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well-led services.

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 had taken appropriate action to become good for the provision of safe services.

The practice had addressed the issues judged as contributing to a breach of regulations at our inspection on 12 November 2014.

Specifically, improvements had been made to ensure that:

- There were effective systems in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared from significant events to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Infection control risks to patients were assessed and well managed.
- The management of emergency medicines and emergency equipment was safe and effective.
- Recruitment arrangements included all necessary risk assessments and employment checks for all staff.

Good



Are services well-led?

The practice had taken appropriate action to become good for the provision of well-led services.

The practice had addressed the issues judged as contributing to a breach of regulations at our inspection on 12 November 2014.

Specifically, improvements had been made to ensure that:

- There was a clear leadership structure.
- There were formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- The programme of practice meetings covered a wide range of topics including managing risk.
- There were effective systems in place for reporting, recording and responding to complaints.
- Lessons were shared from complaints to make sure action was taken to improve safety in the practice.
- The practice sought feedback from staff and patients, which it acted on.

Good



Budshead Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook this focused follow up inspection.

Background to Budshead Medical Practice

Budshead Medical Practice provides care and treatment to approximately 6000 patients of whom older people, single parents and unemployed people are higher in numbers than the national average. This practice is located in a suburb of Plymouth which is recognised as the fourth most deprived area in Devon.

The premises have undergone three major refurbishments and upgrades over 25 years to ensure services are provided from a building that is compliant with the Disability Discrimination Act 2005.

There are three partner GPs (two male and one female). GP partners hold managerial and financial responsibility for running the business. There is also a fourth female salaried GP at the practice.

The practice is a teaching practice for second year medical students. The practice is also a training practice for GP registrars.

The practice has four practice nurses. There is a practice manager (who is also one of the practice nurses on a part-time basis) and a reception manager who manages five reception/admin staff who cover all aspects of both these roles.

The practice has an active patient participation group (PPG).

Budshead Medical Practice provides services from one location, 433 Budshead Road, Plymouth PL5 4DU.

Budshead Medical Practice is part of the Tamar Alliance group which is a federation of nine practices in North West Plymouth and totals over 50,000 patients.

The practice operates an urgent appointment system for 50 per cent of the daily appointment times; bookable appointments (up to four weeks in advance) fill the rest. There is a duty GP each day, to ensure patients can see a GP on the day of requesting an emergency appointment.

The practice opening times are Monday, Wednesday and Friday 8am to 6.30pm, and Tuesday and Thursday 8am to 7.30pm. The practice is closed on Saturdays. Telephone lines are open from 8am to 6pm daily.

Out of Hours services are provided by another organisation. Outside of opening hours a recorded telephone message advises patients of the emergency GP service. Patients are also signposted to contact NHS 111.

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 as part of our regulatory functions. This inspection took place on 12 November 2014 and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting at that time.

This focused inspection was planned to check whether the provider was meeting the legal requirements and

Detailed findings

regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, review the breaches identified and the ratings awarded for the safe and well-led key lines of enquiry, under the Health and Social Care Act 2014.

How we carried out this inspection

Before visiting on 7 January 2016 the practice confirmed they had taken the actions detailed in their action plan.

During our visit, we undertook some observations of the environment. We met with the practice manager and the registered manager, who is one of the GP partners at the practice. We reviewed documents relating to the management of the service. All were relevant to demonstrate the practice had addressed the breach of regulations identified at the inspection of November 2014.

Are services safe?

Our findings

Learning and improvement from safety incidents

When we visited the practice in November 2014 we found the practice had a system in place for reporting and recording significant events. However, the information about how a significant event was investigated was scant as was any information about the resolution. We looked at significant events relating to how or what learning had taken place, and how the event(s) could be avoided or services improved in the future, however there was a lack of evidence of communication with staff to support learning and change in practice.

At the follow up inspection in January 2016, we found that significant events were completed in full detail by the staff member involved. Significant events included near misses, positive and negative events. Such significant events were discussed with the whole staff team held at meetings at least three monthly. Learning from significant events took place in staff training sessions and learning points were distributed to the whole staff team via the internal staff intranet. We looked at records for three significant events. We saw examples of learning from significant events, for example in changing the way patient records were checked when labelling blood tests. This now included three points of reference (date of birth, NHS number and name) to ensure errors were avoided. Since the inspection in November 2014 the whole staff team had undertaken training in significant event recording.

Cleanliness and infection control

When we visited the practice in November 2014 we found that the practice had not carried out a legionella risk assessment and did not carry out testing for legionella (a bacterium that can grow in contaminated water and can cause serious illness).

On our follow up visit in January 2016, we saw the practice had completed a premises risk assessment for legionella after consultation with a specialist of water systems and were performing safety checks at least on a monthly basis. Findings were recorded in a log book. The practice had a policy for assessing and managing legionella risk.

Staffing and recruitment

When we visited the practice in November 2014, we found that the provider did not have effective

recruitment and selection procedures in place. The provider had not risk assessed all staff roles deemed to not require criminal record checks, such as for chaperone duties, temporary GPs and nursing staff.

At our follow up visit in January 2016, we checked staff records and saw risk assessments had now been completed for all reception/administrative staff who did chaperone duties. Additionally criminal records background checks had been carried out for all permanent and locum staff members.

Since the last inspection the practice had also changed the way staff training records were maintained. In addition to staff training records maintained in individual staff files, the practice had implemented a training log for the whole staff team. This allowed the practice to have oversight of training requirements and act proactively when updates were due. Records showed that all staff attended equality and diversity training in January 2015.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in November 2014, we found that emergency equipment was easily available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). However, we found the airway equipment was not single use, which posed an infection control risk. There were three sets of automated external defibrillator pads however two of these were out of date.

There were no resuscitation medicines available and staff told us this was because the general hospital was only two miles away from the practice, where patients would receive emergency care. A very limited supply of anaphylaxis medicines were kept at the practice.

There was no specific record check for the automated external defibrillator battery. We saw a sheet of paper that was used as a diary check and this showed dates that equipment was checked.

At the follow up inspection in January 2016, we saw that emergency airway equipment was for single use only. All defibrillator pads were within date of the manufacturer's guidance for use.

Are services safe?

The practice had reviewed the content of the emergency medicines. We saw suitable resuscitation medicines available and suitable stock levels of anaphylaxis medicines.

Records demonstrated that all emergency equipment was checked at least monthly. For example, medicines had been replaced as they reached their expiry dates.

Are services well-led?

Good 

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

Our findings

Leadership, openness and transparency

When we visited the practice in November 2014 we found there was no formal leadership from the partnership to direct the responsibilities of the practice, the practice manager or lead roles within the practice role. We found there was a lack of definition and delegation of work between roles of GPs and the practice manager.

The practice had not undertaken an audit of all complaints received to identify themes and develop action plans or identify training needs. Complaints were not discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

Clinical meetings were held weekly by the GPs. Sometimes these included the nurses and occasionally service issues were discussed. There were no regular formal practice meetings to involve the nurses to be able to influence how the practice was run.

The practice had gathered feedback from patients through a patient survey at the beginning of 2014, and complaints received. We looked at the results of the annual patient survey however there was no practice report or minutes of a practice meeting or action plan to show how the practice had addressed the results of this survey.

In January 2016, we found the practice had taken a range of actions to enhance and improve governance arrangements. There was now a clear staffing structure with delegated areas of staff responsibility. For example,

the lead staff member for an area of management in the practice signed off meeting minutes and outstanding actions from meetings when completed. This meant that staff were aware of their own roles and responsibilities.

The practice had reviewed its information for patients about how to complain and what to do if they were dissatisfied with how the complaint was handled. Posters and leaflet about how to complain were clearly displayed in patient waiting areas. We looked at records of how complaints were handled. There was a complaints register, which included verbal complaints. A record was maintained of the complaint detail, when the complainant was responded to and how offers to resolve the complaint were handled. There was a record of how each complaint was resolved. Records showed that complaints were handled in a timely way in line with the practice's complaints policy. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Since the November 2014 inspection the practice had changed attendance at staff meetings. Clinical staff meeting minutes showed these meetings now included the nurses at the practice. There had also been an increase in the frequency of whole practice staff meetings. These were now held on a monthly basis.

The practice had now set up a bi-annual patient newsletter to inform patients, for example of any changes at the practice and results from patient surveys or comments. There was also a 'You Said, We Did' section in the patient waiting area showing the response to patient suggestions for improving services.