

Burton & Bransgore Medical Centres

Quality Report

Burton Medical 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 safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

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 comprehensive inspection at Burton and Bransgore Medical Centres on 24 February 2017. This inspection was to follow up on action taken after we inspected on 18 October 2016. At the inspection on 18 October 2016 the overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Burton and Bransgore Medical Centres on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on Friday 24 February 2017 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 on 18 October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

Governance processes had improved through the introduction of:

- Failsafe recruitment processes to ensure clinical staff and had undertaken appropriate disclosure and barring service (DBS) pre-employment checks.
- Systems and processes to identify staff who required training and updated learning. All staff had received the training required to perform their roles.
- Systems to ensure the effective management of emergency equipment, emergency medicines and medicines within GPs bags.
- Changes to the processes to monitor and manage medicines which needed refrigeration.
- Systems to monitor, review and recall patients prescribed with high risk medicines.
- Systems to collect information, review and assist gather data for QOF performance. This had resulted in higher QOF achievements.
- Administration time had been allocated for checking test results carried out by locum staff and staff on leave.
- Systems for ensuring significant event and clinical meetings were minuted and shared with all staff.

Summary of findings

- New policies and processes to keep these under review.
- There had been a reduction of GP hours at the practice. However, since the last inspection the practice had recruited an additional two nurse practitioners. The practice had also set up a 'vulnerable patient team' which consisted of a paramedic, practice nurse, healthcare assistant and administration staff. The team were being used to assess, review and arrange treatment for any vulnerable patients at the practice.
- The practice had worked to increase the percentage of carers identified. The changes made had increased the numbers of carers from 1.6% to 2.5% of the practice population group.
- The practice had promoted the NHS Friends and Family Test but had only received four results since December 2016. One test result included negative comments about the appointment system which had prompted a more detailed survey focussing on appointments.

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 rated as good for providing safe services.

Since the last inspection in October 2016 there had been improvements in the arrangements in how risks were assessed and managed. For example, staff training, the management of medicines, recruitment checks of staff and the monitoring of high risk medicines.

- Failsafe recruitment processes had been introduced to ensure clinical staff and had undertaken appropriate disclosure and barring service (DBS) pre-employment checks.
- Systems and processes had been introduced to monitor and identify staff who required training and updated learning. All staff had received the training required to perform their roles.
- There had been systems introduced to ensure the effective management of emergency equipment, emergency medicines and medicines within GPs bags.
- There were changes to the processes to monitor and manage medicines which needed refrigeration.
- The GPs had introduced processes to monitor, review and recall patients prescribed with high risk medicines.
- Systems for ensuring significant event and clinical meetings were now minuted and shared with all staff.

There had been a reduction of GP hours at the practice. However, since the last inspection the practice had recruited an additional two nurse practitioners. The practice had also set up a 'vulnerable patient team' which consisted of a paramedic, practice nurse, healthcare assistant and administration staff. The team were being used to assess, review and arrange treatment for any vulnerable patients at the practice.

Good



Are services effective?

The practice is rated as good for providing effective services.

Since the last inspection in October 2016 there had been improvements in the arrangements to monitor that staff had received appropriate training, systems to monitor test results and QOF results.

- Systems to collect information, review and assist gather data for QOF performance had been improved. This had resulted in higher QOF achievements for diabetes indicators.
- Administration time had been allocated for checking test results carried out by locum staff and staff on leave.

Good



Summary of findings

- The management and overview of staff training had improved and now used to ensure staff had received appropriate training to perform their roles.

Are services caring?

This domain was not fully inspected on this occasion. At our inspection in October 2016 we rated the practice as being good for providing caring services.

The practice had worked to increase the percentage of carers identified. The changes made had increased the numbers of carers from 1.6% to 2.5% of the practice population group.

Good



Are services responsive to people's needs?

This domain was not inspected on this occasion. At our inspection in October 2016 we rated the practice as being good for providing responsive services.

Good



Are services well-led?

The practice is rated as good for providing well led services.

Since the last inspection in October 2016 there had been improvements in the governance arrangements through the introduction and improvement of:

- Failsafe recruitment processes to ensure clinical staff and had undertaken appropriate disclosure and barring service (DBS) pre-employment checks.
- Systems and processes to identify staff who required training and updated learning. All staff had received the training required to perform their roles.
- Systems to ensure the effective management of emergency equipment, emergency medicines and medicines within GPs bags.
- Changes to the processes to monitor and manage medicines which needed refrigeration.
- Systems to monitor, review and recall patients prescribed with high risk medicines.
- Systems to collect information, review and assist gather data for QOF performance. This had resulted in higher QOF achievements.
- Administration time allocated for checking test results carried out by locum staff and staff on leave.
- Systems for ensuring significant event and clinical meetings were minuted and shared with all staff.
- New policies and processes to keep these under review.

Good



Summary of findings

The uptake of the NHS Friends and Family test (FFT) continued to be low. However, the practice monitored findings from the NHS national patient survey and had used the small FFT result sample to trigger a more in-depth survey of appointment satisfaction.

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 provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Burton & Bransgore Medical Centres

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC inspector.

Background to Burton & Bransgore Medical Centres

Burton and Bransgore Medical Centres are made up of two practices. The main practice is situated in Burton, close to the coastal town of Christchurch, Dorset.

The deprivation decile rating for this area is nine (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 8,800 patients of a diverse age group. The 2011 census data showed that the majority of the local population identified themselves as being White British with some pockets of populations from Asian and Chinese backgrounds. The mix of patient's gender (male/female) is almost equal at 51% female and 49% male. Public health data showed that 3.9% of the patients are aged over 85 years old which is higher than the local average (CCG) of 2.8% and higher than the national average of 2.3%.

There is a team of two GPs partners, one female and one male; the partners are supported by one salaried GP. Some GPs work part time making the whole time equivalent 2.6. Partners hold managerial and financial responsibility for running the business. The GP team are supported by a practice manager, deputy practice manager, five nurse practitioners, four practice nurses, one health care assistant, a paramedic and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors who are based at the practice. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours are worked on alternate Mondays from 6.30pm until 8.00pm; Tuesdays 7.30am until 8.00am and one Saturday morning per month on average. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments as well as online services such as repeat prescriptions.

The practice has a Personal Medical Services (PMS) contract with NHS England.

This report relates to the regulatory activities being carried out at:

Burton Medical Centre, 123 Salisbury Road, Burton, Christchurch, Dorset. BH23 7JN

and the branch surgery located at:

Bransgore Surgery, Ringwood Rd, Bransgore, Christchurch, BH23 8AD

We did not visit the branch surgery at this inspection.

Detailed findings

Why we carried out this inspection

We undertook this follow up focused inspection of Burton and Bransgore Medical Centres on Friday 24 February 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 following an inspection in October 2016.

The comprehensive inspection of Burton and Bransgore Medical Centres was performed on 18 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement at this inspection. The full comprehensive report following the inspection on 18 October 2016 can be found by selecting the 'all reports' link for Burton and Bransgore Medical Centres on our website at www.cqc.org.uk.

How we carried out this inspection

During our visit we:

- Spoke with the lead GP, practice manager, deputy practice manager, lead nurse and practice nurse.
- Looked at information, records and systems the practice used to deliver care and manage the service.

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 18 October 2016, we rated the practice as requires improvement for providing safe services. We found there were inconsistent arrangements in how risks were assessed and managed. For example, some risks relating to staff training, the management of medicines, recruitment checks of staff and the monitoring of high risk medicines under a shared care agreement.

These arrangements had improved when we undertook a follow up inspection on 24 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Significant events continue to be managed well. Each event was recorded in a register and discussed at significant event meetings. Clinical Meetings were now minuted by the Nurse Manager who also organised a deputy in her absence. Minutes were distributed via email to the entire clinical team. All clinical meetings were now based on a rolling agenda with necessary additions being taken and minuted. We saw evidence of this improved service through the records of a significant event that had recently occurred. A delay in referral had led to immediate clinical action being taken, an apology to the patient and internal investigation. Records showed learning had taken place and shared with all staff as part of the rolling clinical meeting agenda. Feedback was shared with the patient, Clinical Commissioning Group and hospital department. The learning included putting the two week referral tool on the clinical computer system and reminding staff of the correct referral process.

Overview of safety systems and process

The practice now had a working training matrix kept in the reception area where staff entered when they had completed their safeguarding training. At the time of inspection all staff had received safeguarding training and new staff had a date booked to receive this. Nursing team had completed a minimum of level 2 training with some achieving level three. All administration staff had received a minimum of level one with some achieving level two. The practice had further developed these changes and was in the process of setting up formal safeguarding sessions at protected learning time events. The primary aim was to bring all staff in line with each other, allowing for greater control and overview by the practice.

Training records were now checked each month by the practice manager as they processed the payroll. This allowed any omissions or changes to be actioned.

Recruitment processes had improved since the last inspection. The practice had revised the disclosure and barring service (DBS) process by reviewing the DBS policy in line with guidance from the local medical council (LMC). The practice now had a DBS register which was securely stored. The register included all staff. We saw this register and saw all staff had either a DBS recorded or a risk assessment performed. The practice had used the risk assessment provided by Wessex LMC. All clinical staff, administration staff who acted as chaperones and staff identified at higher risk had a DBS check recorded. The practice manager checked this register each month as part of the payroll process.

Monitoring risks to patients

At our last inspection in October 2016 we found there were inconsistent processes in place for the monitoring of patients taking high risk medicines, management of GP's bags and management of medicines that required refrigeration.

At this inspection we found the practice were using a computer monitoring programme to identify and alert GPs to patients prescribed with high risk medicines who had not received monitoring blood tests. The system now triggered letters to be sent to the patient reminding them of the importance of having their blood monitored and the consequence of not having medicines re-prescribed. We looked at the patient recording system and found all patients had been monitored. Receptionists were also aware to check patients' diaries opportunistically when they come into contact with them. The Medicines Management Team also advised patients of diarised blood tests, when processing monthly repeat prescriptions and opportunistically when accessing patient records. The failsafe for monitoring high risk medicines also included a report which was run quarterly by the IT manager and reviewed by the clinical team. The lead GP had further developed these processes by ensuring a failsafe process was in place to ensure follow up test results were acted upon when locum GPs were employed. The GP had allocated administration time in his work week to specifically look at test results.

Are services safe?

Since the last inspection there had been a review of GP's bags kept at the practice. We looked at one bag which contained two medicines which were within expiry date. There was only one bag in use at present but it was agreed that any GP who requested a bag would agree a list of emergency medicines that would be carried in GPs' bags. Staff would then issue these medicines and keep a record of what is issued to each GP along with expiry dates of medicines which were electronically diarised. This record would be maintained by the lead nurse. It was agreed GPs would carry an absolute minimum amount of medicines.

Since the last inspection a new medicine fridge had been purchased for the treatment room which reduced the amount of vaccines stored so that in the event of electrical failure a minimum amount of medicines would be wasted. The new fridge also contained an integral thermometer and

memory card so that temperatures could be monitored electronically. A revised cold chain flow chart and guidance had been developed and displayed, with responsibility of escalating to be with a clinician for carrying out checks. Clear guidance for staff was displayed indicating what to do if the temperature recorded was outside of acceptable temperatures.

Arrangements to deal with emergencies and major incidents

Since the last inspection the lead nurse had updated the emergency equipment checklist. This now included expiry dates of all emergency equipment and medicines. A sealed emergency drug bag had also been introduced to identify when the bag had been opened.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing effective services. We found there were inconsistent arrangements to monitor that staff had received appropriate training and inefficient systems to monitor test results and QOF results.

These arrangements had improved when we undertook a follow up inspection on 24 February 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice continued to use the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available.

At our inspection in October 2016 we found that data from 2014/15 showed that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the preceding 12 months was within normal limits was 66% compared to the national average of 78%. At the October 2016 inspection the practice knew this was lower than expected and were working hard to improve. Further work had taken place to collect data using a new computer system. At this inspection data from the practice showed this figure had increased to 75% with a few months to go until the end of the financial year.

Since the last inspection the practice had recruited an additional two nurse practitioners. One was a mental health nurse and another experienced in managing respiratory conditions. The practice had also set up a 'vulnerable patient team' which consisted of a paramedic, practice nurse, healthcare assistant and administration staff. The team were being used to assess, review and arrange treatment for any vulnerable patients at the practice. It was an aim that the new team would improve monitoring and improve outcomes for vulnerable patients.

Effective staffing

At our previous inspection on 18 October 2016 we found that not all staff had received appropriate training to enable them to carry out the duties they were employed to perform including: safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, basic life support and information governance.

At this inspection we found all staff had received the training considered mandatory by the practice. The provider explained that as part of new staff induction, staff were introduced to the training materials and resources, particularly the practice Intranet and registration for the NHS ELearning which was activated by the IT Manager. The practice manager had also introduced a working training matrix kept in the reception area where staff entered when they had completed their training. The training matrix was now checked, updated and reviewed monthly by the practice manager or deputy during the payroll process to ensure a failsafe method was in place to prompt a regular review.

Are services caring?

Our findings

At our previous inspection on 18 October 2016 we rated the practice as being good for providing caring services.

We did not fully inspect this domain on this visit. However, at the last inspection it was recommended that the provider review and improve the process of formally identifying patients who were carers. At the inspection in October 2016 the practice had identified approximately 1.6% of the population as being carers. At this inspection the provider informed us that staff were more proactive in identifying carers. Registration forms had been amended to

include the question about carers and clear signage signposted patients to the information and support groups. The practice had introduced a 'vulnerable patient team' since the last inspection. The team consisted of a paramedic, healthcare assistant, and practice nurse who visit, review and respond to the needs of vulnerable patients. The team were also responsible for identifying carers. The practice also worked with local schools and met each term to discuss children in need which would include any young carers. At the time of the inspection the practice had identified 216 carers (approximately 2.5% of the practice patient list).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect this domain on this visit.

At our previous inspection on 18 October 2016 we rated the practice as being good for providing responsive services.

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 18 October 2016, we rated the practice as requires improvement for providing well-led services as governance structures were not fully implemented.

The governance arrangements had improved when we undertook a follow up inspection on 24 February 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had introduced:

- Failsafe recruitment processes to ensure clinical staff and had undertaken appropriate DBS checks.
- Systems and processes relating to staff training to identify staff who required updated learning.
- Systems to ensure the effective management of emergency equipment and medicines.
- Changes to the processes to monitor medicines needing refrigeration.
- Systems to recall patients prescribed with high risk medicines.
- Systems to review and assist QOF performance.
- Systems for ensuring meetings were minuted and shared with all staff.

Leadership and culture

At our previous inspection on 18 October 2016 we saw the practice had a number of policies and procedures to govern activity, but some of these policies were overdue a review. At this inspection in February 2017 we found the practice had obtained guidance from Wessex LMC and policies had been reviewed. The practice had signed up to a human resources and employment law service who supplied the practice with policies in line with employment law. The practice manager had introduced a spreadsheet to allow grouping and allocation of policies to staff for regular review.

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

At our previous inspection on 18 October 2016 we found patient uptake for the NHS Friends and Family Test (FFT) had been extremely low. At this inspection in February 2017, we found that despite promoting the test the practice had only received four results since December 2016. Three of these were very likely or likely to recommend the practice to their friends and family. One test result was very unlikely and included negative comments about the appointments. The practice were running a more detailed survey at the time of this inspection focussing on appointments. The survey had been sent to the virtual patient participation group as well as being given to patients.