

Burnham & Berrow Medical Centre

Inspection report

Love Lane
Burnham On Sea
TA8 1EU
Tel: 01278795445
www.burnhamandberrowmedicalcentre.co.uk

Date of inspection visit: 28 July 2022 and 1 August 2022
Date of publication: 02/11/2022

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Burnham & Berrow Medical Centre on 28 July and 1 August 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring - Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for Burnham & Berrow Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection in line with our inspection priorities.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice systems, practices and processes to keep people safe and safeguarded from abuse, were not always embedded.
- The practice did not have a system to learn and make improvements when things went wrong.

Overall summary

- The practice did not have effective systems for the appropriate and safe use of medicines.
- Management of people with long term conditions was not effective.
- The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- Staff did not always treat patients with kindness, respect and compassion. Feedback from patients was mixed about the way staff treated people.
- Services did not always meet patients' needs.
- People were not always able to access care and treatment in a timely way.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were ineffective.

Following the inspection, we applied urgent conditions to the provider registration of Burnham & Berrow Medical Centre. The conditions focused on reviewing patients' care and treatment; clearing the backlog of unactioned tasks and correspondence; ensuring all significant events raised in practice were reviewed, necessary action taken and learning shared with practice staff. This was in relation to the significant concerns identified relating to patient safety and leadership and governance.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Ensure recruitment files for locum staff working for the practice contain necessary information.
- Ensure statutory notifications are submitted to the Care Quality Commission in line with requirements.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location; a second CQC inspector and Director of Primary & Community Care who undertook the site visit.

Background to Burnham & Berrow Medical Centre

Burnham Medical Centre is located in Burnham on Sea at:

Love Lane

Burnham on Sea

Somerset

TA8 1EU

The practice has a branch surgery Berrow Medical Centre at:

Berrow Health Campus

Brent Road

Burnham on Sea

Somerset

TA8 2JU

We visited both locations during our inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch site. Patients can access services at either site.

The practice is situated in the Somerset Integrated Care Board (ICB) and delivers services to a patient population of approximately 15,300. The practice's catchment area ranges from Brean Down in the North, through Brean, Berrow, Burnham-on-Sea and Highbridge to the boundary with West Huntspill in the South and Eastwards covers the villages of Brent Knoll and East Brent. The practice also has patients registered who reside at a number of local nursing and care homes and sheltered accommodations. Burnham-on-Sea and the surrounding area accommodate large tourist numbers with many camping and caravanning sites in the area.

The practice is part of a wider network of GP five practices forming the North Sedgemoor Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is six on a scale of one to ten. The lower the decile, the more deprived the practice population is relative to others.

At the time of inspection, the clinical team comprised of two GPs partners, three salaried GPs, four primary care practitioners (paramedics), three long term condition nurses, treatment room nurses, healthcare assistants, and a phlebotomist. Not all clinical staff worked full time hours. The clinical team was supported by a management partner and reception and administration teams.

The practice has opted out of providing out of hours services to their patients. Patients were advised to contact the out of hours services via the NHS 111 service.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The practice had not ensured all actions identified on risk assessments had been completed as recommended. For example, actions from their fire and infection prevention and control risk assessment had not been completed as required. • The practice had not assessed the risk of not conducting disclosure and barring service checks on non-clinical members of staff. • The practice did not have a system for monitoring uncollected prescriptions. • The practice could not demonstrate routine checks were carried out for emergency medicines and equipment. This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The practice was unable to evidence that staff conducting long-term condition reviews had received appropriate support, training and supervision to ensure they could carry out their roles effectively. • There was not an effective system to ensure there were sufficient numbers of suitably qualified staff on site. • There was not an effective induction process to ensure staff received necessary information to conduct their role. • The practice was unable to evidence staff had completed training identified as mandatory. • The practice was unable to evidence that all staff employed as a primary care practitioner had received appropriate supervision. This was in breach of Regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Family planning services Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The practice did not have effective oversight of staffing levels to ensure appropriate cover for staff absences including annual leave and sickness. • Governance structures to optimise effective workflow were not embedded. The practice was unable to evidence how they maintained oversight of the workflow and scanning team to ensure documents were processed appropriately and information as available in a timely way. • The practice did not have appropriate governance structures to identify and learn from significant events. They were unable to evidence formal guidance on what their internal process was and what constituted a significant event.

This section is primarily information for the provider

Enforcement actions

- Governance structures were not always embedded or ensured that processes were managed consistently by staff.
- There were not effective systems to ensure complaints were dealt with in accordance with practice policy.
- There was not effective oversight to ensure prescribing practices remained appropriate and medicine reviews contained necessary information.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.