

Bruton Surgery



Quality Report

Patwell Lane
Bruton
Somerset
BA10 0EG
Tel: 01749 8123310
Website: www.brutonsurgery.org

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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 a focussed inspection of The Bruton Surgery, Patwell Lane, Bruton, Somerset BA10 0EG.

Our previous inspection on 11 November 2014 found breaches of regulations relating to the safe delivery of services. We found at that inspection the practice was inadequate for the provision of safe services and was rated as requiring improvement for well led services. Effective, caring and responsive service provision was rated as good. Overall the practice was rated as one which required improvement.

We found during this inspection that the practice was meeting the regulations that had previously been breached and had taken action in relation to providing a safe and well led service. The areas of improvement related to the safe management of medicines, an improved quality assurance processes to ensure emergency equipment was fit for purpose and also for ensuring that infection control systems were in place. We also found that risk assessments were now in place to identify where a Disclosure and Barring Service check on staff should be carried out for those staff employed.

This report only covers our findings in relation to those areas in which were inadequate or required improvement

found during our 11 November 2014 inspection. These areas were identified within our last inspection report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Bruton Practice on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- Medicines were stored securely. There were systems in place to monitor stock control, expiry dates and use of medicines at the practice.
- Emergency medicines and equipment were safely stored, regularly checked and fit for purpose. Oxygen was stored safely and in accordance to health and safety legislation.
- The systems for the management of infection control were carried out effectively.
- Risk assessments were in place to ensure that an appropriate Disclosure and Barring Service Checks were required to be carried out on staff before they commenced working at the practice.

Summary of findings

- A risk assessment was regularly carried out and actions put in place in regard to ensuring safe access arrangements for patients to the practice building and facilities.

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 is rated as good for providing safe services.

Since our last inspection safe systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risk assessments to determine if a new member of staff required a Disclosure and Barring Service check were carried out.

Good



Are services well-led?

The practice is rated as good for being well-led.

Since our last inspection the practice has a clear vision and strategy. There was a clear leadership structure. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk.

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

Since our last inspection safe and well led systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risks were now assessed in regard to patients' safety and the necessity to carry out a Disclosure and Barring Service check when recruiting staff.

Good



People with long term conditions

Since our last inspection safe and well led systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risks were now assessed in regard to patients' safety and the necessity to carry out a Disclosure and Barring Service check when recruiting staff.

Good



Families, children and young people

Since our last inspection safe and well led systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risks were now assessed in regard to patients' safety and the necessity to carry out a Disclosure and Barring Service check when recruiting staff.

Good



Working age people (including those recently retired and students)

Since our last inspection safe and well led systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risks were now assessed in regard to patients' safety and the necessity to carry out a Disclosure and Barring Service check when recruiting staff.

Good



People whose circumstances may make them vulnerable

Since our last inspection safe and well led systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risks were now assessed in regard to patients' safety and the necessity to carry out a Disclosure and Barring Service check when recruiting staff.

Good



People experiencing poor mental health (including people with dementia)

Since our last inspection safe and well led systems have been implemented for medicines management, infection control and for responding to medical emergencies. Risks were now assessed in regard to patients' safety and the necessity to carry out a Disclosure and Barring Service check when recruiting staff.

Good



Bruton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Bruton Surgery

The Bruton Surgery is situated in Bruton, Somerset. The practice had approximately 6,071 registered patients including those patients from the outlying villages within a five mile radius of the practice. The practice provides care and support to patients in four care homes and three boarding schools in the area and based on information from NHS England and the practice shows us that the practice has a larger than average population of children and young people aged 0 to 19 years.

The practice is located in premises with patient areas on the ground floor; one small office area is on the first floor. The practice has six consulting rooms and one nurses or minor operations room. There are also two rooms used for either phlebotomy and for chronic disease management. The practice is on a primary medical service contract with Somerset Clinical Commissioning Group.

The Bruton Surgery is only provided from one location:

The Bruton Surgery

Patwell Lane

Bruton

Somerset

BA10 0EG

The practice supported patients from all of the population groups such as older people; people with long-term conditions; mothers, babies, children and young people, working-age population and those recently retired, people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health.

Over 35% of patients registered with the practice were of working age from 15 to 44 years; just fewer than 28% of patients were aged from 45 to 64 years old. Just below 11% were over 65 years old. Around 6% of the practices patients were 75-84 years old and just over 2% of patients were over 85%. Just below 19% patients were less than 14 years of age. Information from Public Health England showed (2012/2013) that 60% of the patients had long standing health conditions, which was above the national average of 53%. The percentage of patients who had caring responsibilities was just over 19% which is above the national average of 18.5%. Less than 1% of the working population were unemployed which is below the national average of 6.3%.

The practice consisted of four partners who employed one salaried GP. Of these five GPs there were three male and two female GPs. Three practice nurses and one health care assistant provided health screening and treatment five days a week. There were three phlebotomists (Phlebotomists are specialist clinical support workers who take blood samples from patients for testing) and 14 support staff employed. The practice was open between the hours of 8:30am and 6.00pm Monday to Friday. Evening surgeries were available between 6pm to 7.30pm on Mondays and every alternate Tuesdays. The practice referred patients to another provider, NHS 111 service for an out-of-hours service to deal with any urgent patient needs when the practice was closed.

Detailed findings

Why we carried out this inspection

We undertook an announced focused inspection of The Bruton Surgery on 29 October 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11 November 2014 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well led.

How we carried out this inspection

The practice provided us with information and action plan following the last inspection in November 2014 to tell us how they had addressed the concerns regarding patients' safety and wellbeing.

During our announced visit on 29 October 2015 we spoke with two of the GPs, a practice nurse and the practice manager, and the reception and administration staff on duty.

We looked at documents and information and observed how the practice was run.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had developed, implemented and embedded systems, processes and practices were in place to keep people safe, which included:

- Medicines were now kept safe and secure and there were effective monitoring and checks in place for safe use at the practice. The practice staff had reviewed all aspects of medicines storage and administration and implemented changes that included detailed audit trails, safety checks and a review of policies and procedures. We were told the new methods of recording ordering, storage and use of medicines had made a significant change to the medicines budget in reducing costs and wastage. A new system had been implemented for the checking and management medicines and prescription pads.
- Improvements to the management of infection control had been implemented. The practice had upgraded the facilities in the main nurse's treatment room and the treatment room used for minor surgery. New flooring, facilities, storage and lighting had been installed and we could see that the areas were maintained and kept clean and managed well. A member of the practice nurse team had undertaken infection control training in order to lead staff at the practice in the area of infection control practices. It was evident that infection control and cleaning audits were carried out effectively, plans to improve and actions taken to implement any changes required. Audits undertaken had identified changes to bins, hand wash sinks and cleaning regimes to meet current good practice guidelines. New hand wash sinks had been installed in treatment and consulting rooms where required. Training had been undertaken or was in the process of being undertaken in respect of infection control for all levels of staff including the cleaning staff. A sluice sink had been installed in the cleaning cupboard for the safe disposal of waste.

- We reviewed the records available for three new staff who had been employed since our last inspection. We could see from the information that the role for which they were employed had been risk assessed with relevance to direct patient contact. Where it was identified the staff member would have direct contact with a patient a Disclosure and Barring Service check would be carried out.
- The practice team had recently carried out a risk assessment for disability access to the building, facilities and grounds. We were told this was a positive experience for the staff involved in terms of increased awareness and understanding. Although the practice could not make major structural changes the assessment highlighted some minor issues that could be rectified to assist patient's access and use of the premises and facilities. This had included improving signposting for the disabled parking areas.

Arrangements to deal with emergencies and major incidents

We looked at the system, equipment and records of safety checks for the equipment in place to respond to a medical emergency. We found that policies, procedures and protocols had been reviewed and updated. New equipment had been obtained including, airways and emergency medicines. Oxygen was now stored safely in a cylinder trolley. Appropriate signage was on display to the area where it was kept warning of explosive gases present. Since the last inspection the practice staff team have really focussed on finding the most appropriate accessible place to store and keep safe the emergency equipment. New storage bags/ boxes had been obtained to ensure that the equipment and medicines were easily transported around the practice should it be required. Daily checks of equipment were in place and these checks were audited on a regular basis by the senior staff.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had reviewed its governance framework to support the safe delivery and the management of the service. This had included:

- The practice had reviewed and updated its policies, procedures and protocols for safe medicines management, infection control and responding to medical emergencies.
 - The practice had implemented audits and improved methods of recording audits for medicines management, infection control, fire drills and the checks on the medical emergency equipment.
- There was a sharing of responsibilities for key aspects of the delivery of the service, such as infection control and medicines management. We saw minutes of meetings held at the practice including clinical, business and administration which showed how staff were actively engaged in reviewing and implementing new systems and procedures to ensure the service was safely provided.
 - There was now a recorded planned training programme for staff, so that gaps in knowledge or skills could be identified and training provided.