

Berinsfield Health Centre

Quality Report

Berinsfield Health Centre
Fane Drive
Berinsfield
Oxfordshire
OX10 7NE

Tel: 01865 340558

Website: www.berinsfieldhealthcentre.com

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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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Berinsfield Health Centre in Berinsfield, Oxfordshire on 20 July 2016 found breaches of regulations relating to the safe, effective and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for the provision of safe, effective and well led services. The practice was rated good for providing caring and responsive services. The concerns identified as requiring improvement affected all patients and all population groups were also rated as requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Berinsfield Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the three breaches in regulations that we identified in our previous inspection on 20 July 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 3 March 2017 we found the practice was meeting the regulations that had previously been breached. 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. Overall the practice is now rated as good. All six population groups have also been re-rated following these improvements and are also rated as good.

Our key findings were as follows:

- The practice had established and was now operating safe and effective systems to assess, manage and mitigate the risks identified relating to fire safety, gas safety checks, electrical installation, infection control, clinical waste and legionella.
- Blank prescription forms and pads were kept securely and tracked through the practice.
- The practice had revised recruitment processes and supporting documentation including Disclosure and Barring Service checks.

Summary of findings

- National guidance had been embedded into the practice regarding patient specific directions (instructions to administer a medicine to a named patient).
- The practice was now effectively managing training arrangements, which were consistent and embedded across all staff groups. Personal and professional development was managed and recorded on a system which identified when staff had training and when it would need to be refreshed.
- There was an overarching governance framework which supported the delivery of the good quality care. Improvements had been made to deliver significant progress in improving services.
- The business continuity plan contained updated, comprehensive information to enable the plan to be used in an emergency.
- The practice had taken steps to improve rates of infant meningitis C vaccinations. The most recent data indicates figures for infant meningitis C vaccinations were 92%, which was a 9% increase on previously reported data and was in line with CCG figures of 95%.

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 and is now rated as good for the provision of safe services.

Our last inspection in July 2016 identified concerns relating to how Berinsfield Health Centre assessed, recorded and managed risks, including risks within health and safety, premises and recruitment. We also saw concerns regarding chaperones and the management of medicines including prescriptions.

During the inspection on 3 March 2017, we saw the concerns had been addressed:

- Staff had undertaken chaperone and health and safety training relevant to their role.
- Until additional infection control training was available there was regular support and mentorship from the lead infection control nurse from Oxfordshire Clinical Commissioning Group.
- Blank prescription forms and pads were tracked through the practice and kept securely at all times.
- The practice had implemented a recruitment checklist which ensured all recruitment records including employment history, Disclosure and Baring Service checks, references, and application form were documented and recorded.
- The practice had assessed and now managed environmental risks within the practice. This included an up to date fire risk assessment, a legionella risk assessment, electrical installation and gas safety check and risks associated with cleanliness, infection control and clinical waste within the practice. Examples of actions included implementation of systems ensuring standards would be regularly monitored and reviewed.
- The practice had arrangements in place to respond to emergencies and major incidents. For example, records indicating that all staff had received up to date basic life support training, GPs no longer provided influenza immunisations within patients' homes and the business continuity plan included updated staff contact and emergency cascade information.

Good



Are services effective?

The practice had taken appropriate action and is now rated as good for the provision of effective services.

Good



Summary of findings

Our last inspection in July 2016 identified concerns relating to training arrangements within the practice. Specifically, staff did not have all the necessary training to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

During the inspection on 3 March 2017, we saw the concerns had been addressed:

- Training arrangements were consistent; there was now a system to identify when staff had training and when it would need to be refreshed.
- This system and staff files including certificates indicated all staff had completed training relevant to their role including infection control, safeguarding adult, safeguarding children, basic life support, health and safety and fire safety.
- Staff now had access to appropriate training to meet their learning needs and to cover the scope of their work. This included online training packages.

Are services well-led?

The practice had taken appropriate action and is now rated as good for the provision of well-led services.

Our last inspection in July 2016 identified concerns relating to areas of weakness within the practices governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk. Risks relating to staff training, safety of the premises, medicines management, infection control, equipment, and recruitment checks were not always assessed, monitored, or mitigated.

During the inspection on March 2017, we saw the concerns had been addressed:

- The practice had taken steps to improve systems, processes and practices in place to keep patients safe. For example, the practice had assessed and now managed environmental risks within the practice.
- We saw evidence that there was an effective monitoring system in place to ensure all staff had undertaken training relevant to their role.
- Governance arrangements had been proactively reviewed and took account of current models of best practice. For example, in September 2016 the practice was issued with a Care Quality Commission report (following the July 2016 inspection) which

Good



Summary of findings

highlighted three regulatory breaches relating to safe care and treatment, good governance and staffing. We found all the actions had been completed at the inspection on the 3 March 2017.

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 20 July 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 20 July 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 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice had taken steps to improve rates of infant meningitis C vaccinations. The most recent data from NHS England indicates figures for infant meningitis C vaccinations were 92%, which was a 9% increase on previously reported data and was in line with CCG figures of 95%.

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 20 July 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 20 July 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 20 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Berinsfield Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC Inspector.

Background to Berinsfield Health Centre

Berinsfield Health Centre is located in Berinsfield, South Oxfordshire. The practice has approximately 5,000 registered patients. The practice has a high proportion of patients aged 45 years and above.

There are three GP partners and four salaried GPs. There is one male GP and six female GPs. GPs provide approximately 30 clinical sessions per week in total. The practice employs two female practice nurses and one health care assistant. The practice manager is supported by a team of administrative and reception staff.

The practice provided training to medical students and GPs and nurses in training.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following location:

- Berinsfield Health Centre, Fane Drive, Berinsfield, Oxfordshire OX10 7NE.

When the practice is closed patients can access the Out of Hours Service via the NHS 111 service.

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 20 July 2016 and we published a report setting out our judgements. These judgements identified three breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up inspection on 3 March 2017 to follow up and assess whether the necessary changes had been made, following our inspection in July 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

Before visiting on 3 March 2017, the practice confirmed they had taken the actions detailed in their action plan.

Detailed findings

During our visit, we met with the management team including one of the GP Partners and the Practice Manager. We reviewed information given to us by the practice and also reviewed processes and documents relevant to the management of the practice including, health and safety

arrangements, chaperone arrangements and training records. During our visit we undertook observations of the environment including observations within a treatment room.

All were relevant to demonstrate the practice had addressed the breaches of the regulations identified at the inspection in July 2016.

Are services safe?

Our findings

When we inspected Berinsfield Health Centre in July 2016, we identified concerns relating to how the practice identified, recorded and managed risks, including risks within health and safety, infection control, premises and recruitment. We also saw concerns regarding chaperones and the management of medicines including prescriptions.

We reviewed information obtained during the inspection in March 2017 and found the practice had made improvements to address the concerns previously identified.

Overview of safety systems and processes

The practice now had clearly defined and embedded systems, processes and practices in place to keep patients safe from harm:

- Notices advised patients that chaperones were available if required. Only clinical staff acted as chaperones and we saw evidence that all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a system in place which monitored the use of chaperones and when updated chaperone training was required.
- The practice nurse was the infection control lead; until additional infection control training was available there was regular support and mentorship from the lead infection control nurse from Oxfordshire Clinical Commissioning Group. This support included updating infection control guidance, ensuring this was specific to Berinsfield Health Centre and a revised more comprehensive infection control audit. The last infection control audit was completed in February 2017. We saw action points were recorded, discussed in practice meeting and completion/progress towards completion documented. We also saw the risks associated with clinical waste had been reviewed, this included revised guidance regarding sharps boxes including segregation guidance when disposing of cytotoxic/cytostatic (toxic to cells) waste.
- There was a practice specific protocol for the safe and secure storage of blank prescriptions. We saw blank

prescription forms and pads were safely and securely stored in a designated area in the practice. There was also a system in place to log and monitor prescription use. Whilst reviewing this protocol and national prescription guidance, the GPs agreed to no longer carry a prescription pad during home visits. The Health Care Assistant was trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber. The practice had reviewed national guidance regarding PSDs, clinical staff had completed refresher training regarding PSDs and we saw the Health Care Assistant only administered vaccines (influenza vaccination) after a clear specific direction had been recorded into the patient's medical notes.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken. The practice had implemented a recruitment checklist which ensured all recruitment records including employment history, references, and application form were documented and recorded. We also saw documented risk assessments had been completed and recorded for all non-clinical members of staff who did not have a DBS check. These actions ensured the practice was now working in accordance to the safeguarding adult policy.

Monitoring risks to patients

Procedures had improved and the practice was monitoring and managing risks to patient and staff safety.

- The practice manager was the health and safety lead at the practice; they had received training in October 2016 to ensure that their knowledge of health and safety was comprehensive and up to date.
- The practice had a fire risk assessment which had been carried out in February 2017. This risk assessment highlighted two required actions. The practice had reviewed the required actions and completed one action and had scheduled the remaining action to be completed within the recommended timeframe.
- The practice had collaborated with NHS Property Services and arranged up to date premises checks. For example, an electrical installation check and a gas safety check had both been completed in January 2017. The practice had an up to date legionella risk assessment which was completed in October 2016 (Legionella is a term for a particular bacterium which

Are services safe?

can contaminate water systems in buildings). The practice provided records that confirmed the required measures (following the risk assessment) had been carried out or scheduled to be completed.

Arrangements to deal with emergencies and major incidents

The practice now had adequate arrangements in place to respond to some emergencies and major incidents.

- There were records indicating that all staff had received up to date basic life support training.

- Previously there was a small risk regarding the provision of influenza immunisations within patients' homes without suitable emergency equipment and emergency medicines. The practice had reviewed this provision and the GPs no longer offered influenza at patient's homes. This was now completed by district nurses.
- The practice reviewed and updated the business continuity plan which included updated staff contact and emergency cascade information.

These actions were now ensuring that requirements relating to safe care and treatment were now being met.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected Berinsfield Health Centre in July 2016, we identified concerns relating to training arrangements within the practice. Specifically, staff did not have all the necessary training to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

Furthermore, childhood immunisation rates for the vaccinations given were mostly comparable to CCG averages. However, figures for infant meningitis C vaccinations were lower when compared to the local clinical commissioning group (CCG) average.

We reviewed information obtained during the inspection in March 2017 and found the practice had made improvements to address the concerns previously identified.

Effective staffing

During the March 2017 inspection, the practice provided comprehensive evidence including a revised system the

practice used to log training needs. This new system was a training matrix; it was clear and effectively highlighted future learning for all members of staff. This system and staff files including certificates indicated all staff had completed training relevant to their role including infection control, safeguarding adult, safeguarding children, basic life support, health and safety and fire safety.

Staff now had access to appropriate training to meet their learning needs and to cover the scope of their work. This included online training packages.

These actions were now ensuring that requirements relating to staffing were now being met.

Supporting patients to live healthier lives

The practice had taken steps to improve rates of infant meningitis C vaccinations. The most recent data from NHS England indicates figures for infant meningitis C vaccinations were 92%, which was a 9% increase on previously reported data and was in line with CCG figures of 95%.

Are services well-led?

Good 

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

Our findings

When we inspected Berinsfield Health Centre in July 2016, we identified concerns relating to areas of weakness within the practice's governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk. Risks relating to staff training, safety of the premises, medicines management, infection control, equipment, and recruitment checks were not always assessed, monitored, or mitigated.

We reviewed information obtained during the inspection in March 2017 and found the practice had made improvements to address the concerns previously identified.

Governance arrangements

The practice had demonstrated improvements. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. For example:

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had implemented a monitoring system to manage risks associated with cleanliness and infection control within the practice.
- The practice had routinely monitored blank prescription forms and pads.
- Staff had undertaken training relevant to their role to enable them to carry out the duties they were employed to do.

These actions were now ensuring that requirements relating to good governance were now being met.