

# Bottreaux Surgery

## Quality Report

Bottreaux Surgery  
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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 Bottreaux Surgery on 20 October 2015. This was to review the actions taken by the provider as a result of our issuing two legal requirements.

Overall the practice has been rated as GOOD following our findings.

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

- The provider had established and is operating effective recruitment procedures to ensure that information regarding pre-employment checks are kept regarding persons employed.

- Effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others had been implemented. These included the regular review and updating of policies to meet current guidance, monitoring the training needs of the whole team (including temporary staff), identification of any trends and risks in relation to complaints, significant events, incidents and accidents that could impact patient care and business continuity.
- Communication systems had improved so that important learning messages were shared across the whole team.

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 now rated as good for safe having improved systems and processes to reduce safety risks. These included recruitment processes for staff, which demonstrate that pre-employment checks were consistently performed. The risk of legionella had been assessed and protocols were in place to mitigate potential risks to people. Medicines management was safe, with nominated staff given written authorisation to carry out vaccinations that met legislation requirements and national guidelines.

Our findings at the last inspection were that Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about incidents was recorded, monitored, appropriately reviewed and addressed. The practice had effective procedures for dealing with emergencies and demonstrated how the advanced resuscitation skills of GPs had saved the lives of two children over the course of the previous 12 months.

Good



### Are services well-led?

The practice is now rated as good for being well-led having improved governance arrangements. A consistent approach to quality assurance was evident and the practice was able to demonstrate that policy and procedures had been reviewed, followed and were now in line with current practise. Comprehensive risk based systems had been implemented, which all of the staff understood and were responsible for updating. These were closely monitored and evidence showed that prompt action had been taken to address any potential risks to patients and the business. Staff meetings and events were now taking place each month and annual appraisals planned.

Our findings at the last inspection were that they had a clear vision and strategy as being 'small and family friendly'. Staff we spoke with was clear about their responsibilities in relation to the vision or strategy. The practice proactively sought feedback from staff and patients, which it acted on, but the practice lacked oversight and management of some safety risks. The patient participation group (PPG) was active and encouraged to help develop the services for patients. Staff had received inductions and had annual performance reviews.

Good



# Bottreaux Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP and another specialist who was a practice manager.

### Why we carried out this inspection

We carried out an inspection of Bottreaux Surgery on 20 January 2015 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the regulations they were not meeting.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report. This report should be read in conjunction with the comprehensive inspection report.

### How we carried out this inspection

We reviewed information sent to us by the practice. We carried out an announced focussed inspection carried out at short notice. We looked at management records and spoke with 9 staff. We looked at specific areas of the premises, which included visiting the Tintagel Surgery to inspect security arrangements there.

# Are services safe?

## Our findings

### Learning and improvement from safety incidents

At this inspection, we found that the practice had implemented a systematic approach towards analysing and identifying trends with reported incidents, events, accidents and complaints to ensure that risks were always mitigated for patients. A comprehensive risk register was seen, which all of the staff had responsibility to update with information. There were formal arrangements for written and verbal complaints to be discussed and acted upon. Nine staff told us that regular updates were provided, which raised their awareness of risks and learning from complaints. They were all able to give examples of where changes had been made and demonstrated collective ownership of reporting systems to reduce risks from safety incidents. For example, an incorrect code had been assigned to information about investigations a patient had undergone. Records showed that this was quickly identified, protocols reviewed and changes communicated across the entire team so that this did not happen again.

### Medicines management

The practice dispensaries at Bottreaux and Tintagel surgeries were inspected in January 2015. We found that medicines were managed safely with the exception of authorisations required to give vaccinations including the winter flu vaccination programme.

At this inspection, we looked at patient specific directives (PSDs) in place authorising when a health care assistant could undertake specific vaccinations with named patients. For example, we looked at an authorisation for flu vaccinations, which listed named patients attending appointments with the health care assistant on the day of the inspection. This enabled the member of staff to offer flu vaccinations to patients who had not already booked to have one and increased the uptake across groups of patients who could be at risk due to health conditions. We saw written guidance about the different types of authorisations staff were required to have in place. A folder of past PSD authorisations was held demonstrating that the staff had been working within the legal requirements.

We visited the Tintagel surgery and saw that the reception area at the branch practice had been made secure with a new key pad door lock. This reduced the risk of unauthorised persons gaining access to records and dispensed medicines.

### Staffing and recruitment

Following the comprehensive inspection in January 2015, the practice sent us an action plan and provided evidence showing the improvements made. The improvements have shown that effective standard operating procedures for recruitment are now in place and being followed.

For this focussed inspection we reviewed the new recruitment policy and procedures, which were being followed. For example, a standardised checklist had been developed to track all the checks carried out for new staff prior to employment. This included recording that the performers list held by the local area team had been checked prior to appointment of a GP, including locum GPs. We saw an example of records held showing the checks carried out for a new member of staff, which demonstrated this process had been followed.

In January 2015, we had no other concerns about staffing arrangements. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. Records demonstrated that actual staffing levels and skill mix were in line with planned staffing requirements. The turnover was low. Absence rates had improved since the last inspection, with low rates of sickness reported by the business manager.

### Cleanliness and infection control

In January 2015, we looked at the management arrangements for testing and investigating the potential presence of legionella and found that regular water checks were not being done. Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.

At this focussed inspection, we found that there was an updated assessment and the practice was following the stated actions listed to reduce the risk of legionella. Records showed that regular water checks had been carried out. These included checking the temperature of

## Are services safe?

the hot water system. Water samples had been sent for annual analysis to a specialist company and national guidance was being followed to reduce the risk of legionella in the water system at the practice.

### **Monitoring safety and responding to risk**

At this focussed inspection, we found that practice had improved systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. A comprehensive risk assessment had been carried out since January 2015, which covered health and safety, security and corporate risks. Each risk had been assessed and rated and mitigating actions recorded to reduce and manage the risk. All of the staff had attended a

training event about carrying out risk assessments and had then been asked to do one for their area of work. Staff told us this had raised their awareness of risks, reporting systems and actions taken. Staff were able to share examples of risks they had identified, reported and confirmed they had either been addressed or there was an action plan in place. For example, a key finding in a fire safety assessment completed since the last inspection was that an electrical cupboard was unsafe. A new power grid and cupboards had been fitted to rectify this. New lighting and a fire alarm had been fitted and was due to be commissioned within a few days of this focussed inspection.

# 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

In January 2015 the practice did not have effective quality assurance systems to proactively monitor potential safety risks. We found several areas of potential risk. The practice sent us an action plan, which we have monitored progress with. At this focussed inspection, we saw that there had been a comprehensive review of the governance arrangements at the practice. The entire team had a clear overview of potential risks and effective quality assurance systems were now in place.

Every GP partner now had a governance lead role within a written framework and were fully engaged in monitoring the area they were responsible for. The practice had implemented a risk management system and had a comprehensive risk log with business, safety and patient feedback risks and was closely monitoring these. This was a working document, which all of the staff were signed up to and helped update. We spoke with nine staff, all of whom were able to give examples of issues on the risk log and knew how these had been or were being addressed. All of the areas of potential risk identified at the last inspection had been rectified. The practice had a clear strategy in place for reviewing policies and procedures and was prioritising specific areas for immediate review. For

example, all of the staff had met with the new business manager and had discussed their role and responsibilities. A schedule was in place for appraisals to be completed over the coming months to further discuss individual performance and on-going development needs. Nine staff confirmed that the practice now had access to online training and the business manager and GP partners had oversight of this. Records showed that nearly all of the staff had completed the core training identified as mandatory by the practice since the last inspection. Support was being given to staff to enable them to do this.

Communication of significant information had improved across the whole practice and there was an inclusive atmosphere in the team. Staff said they were proud to work at Bottreaux Surgery and shared several examples which showed they were actively involved in driving improvements at the practice since the last inspection. For example, they told us that email alerts were used to communicate changes and an intranet bank of policies, procedures and other guidance had been set up. We were shown the most recent communication, which outlined changes to how incoming mail was handled. The changes had been made as a result of learning from a recent incident. Monthly whole team meetings were being held, which were also used for training.