

Burdwood Surgery

Quality Report

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Date of inspection visit: We have not revisited Burdwood Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.
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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

Are services effective?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

In June 2015 we found concerns related to clinical audits and implementation of the Mental Capacity Act 2005 during a comprehensive inspection of Burdwood surgery. Following the inspection the provider sent us an action plan detailing how they would make the required improvements.

We carried out a desktop review of Burdwood Surgery on 15 January 2016 to ensure these changes had been implemented and that the service was meeting regulations. Our previous inspection in June 2015 had found a breach of regulations relating to the effective delivery of services. The ratings for the practice have been updated to reflect our findings.

We found the practice had made improvements since our last inspection on 16 June 2015 and they were meeting the regulation relating to clinical audits and Mental Capacity Act 2005 that had previously been breached.

Specifically the practice had:

- Implemented a programme of clinical audits and re-audits to improve patient outcomes.
- Ensured Mental Capacity Act (2005) training was provided for key personnel in the practice.

We have changed 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 effective?

The practice is rated as good for providing effective services.

Since our last inspection in June 2015 systems had been put in place and embedded to ensure:

- Clinical audits and re-audits demonstrated quality improvement.
- Staff had been trained in the Mental Capacity Act 2005.

Good



Burdwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

We reviewed information given to us by the practice, including records of staff training and detailed audit narratives demonstrating improvements and where re-audit was required.

Why we carried out this inspection

We carried out a comprehensive inspection on 16 June 2015 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation 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 full inspection report published in July 2015. We have not revisited Burdwood Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

How we carried out this inspection

We reviewed information given to us by the practice, including records of staff training and detailed audit narratives demonstrating improvements and where re-audit was required.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

During our inspection in June 2015, we found that not all audits were being completed (where a second audit could demonstrate improvements or positive changes to patient outcomes). In addition, some actions identified as part of the audit process had not been implemented.

Evidence supplied to the Care Quality Commission by the practice in January 2016, demonstrated where clinical audits showed quality improvement. There had been 13 clinical audits completed in the last two years. Ten of these were completed audits where the improvements made were implemented and monitored. There were seven re-audits planned for 2016 to complete audit cycles and review results of previous audits.

Findings were used by the practice to improve services. For example:

- An audit on patients who presented with a sore throat resulted in training for GPs in best practice for antibiotic prescribing. In addition, a leaflet for patients was developed to explain why antibiotics were of limited use in patients with a sore throat, who met specific criteria. The audit had shown that 82% of patients who presented with a sore throat, were not routinely offered antibiotics.
- New guidance on patients diagnosed with high blood pressure (BP) had resulted in the purchase of two additional BP machines which allowed patients to measure and record their own BP. This has improved patient access to BP recording. All newly diagnosed patients were supported to have a documented BP in their notes.

- Catch up time slots for GPs were implemented to reduce appointment waiting times. The reduction in waiting times had improved patients experience of the service. The practice had involved the patient participation group in this audit and result findings.

Information about patients' outcomes was used to make improvements such as;

- A review of the diagnostic procedures in uncomplicated urinary tract infections resulted in additional training for GPs. Compliance with the diagnostic guidelines was found to have improved from 54% in 2014 to 63% in 2015. This had reduced the amount of diagnostic tests required when patients presented with these symptoms.
- An audit of prescribing resulted in the practice implementing a system alert to avoid prescribing specific gastric acid reducing medicines with a blood thinning medicine.
- A completed audit of new cancer diagnosis pathways showed an improvement in two week wait referrals from 42% to 70%. The results were discussed with the Thames Valley Cancer Network and learning from all participating practices was shared to improve patient outcomes.

Consent to care and treatment

During our inspection in June 2015, we found that although all staff were aware of the Mental Capacity Act (MCA) 2005, not all had received specific training.

The evidence supplied to the CQC by the practice showed the practice had identified two personnel to attend Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training, including one of the practice nurses. In addition to the GPs, who had already received training, additional staff were able to offer advice and support to colleagues in MCA issues.