

# Bunbury Medical Practice

## Quality Report

Vicarage Lane  
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Tarporey  
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CW6 9PE

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Website: [www.bunburymedicalcentre.gpsurgery.net](http://www.bunburymedicalcentre.gpsurgery.net) Date of publication: 09/05/2017

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 comprehensive inspection of Bunbury Medical Practice on 11 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Bunbury Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 4 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The premises were safely maintained.
- The governance systems had been improved to ensure that clear records were maintained of the

training provided to staff, effective systems were in place for the management of significant events and for ensuring reports were provided for child safeguarding meetings.

In addition, the practice had made the following improvements:

- The system for ensuring alerts were placed on computer records to indicate any concerns about patient welfare had been reviewed.
- A system had been put in place to record the receipt and allocation of printable prescriptions.
- A system had been put in place to identify the medication held in GP bags and to record that it had been checked and was in date.
- The induction records had been revised and were more comprehensive reflecting the detail of the information provided.
- All staff who acted as chaperones now received a Disclosure and Barring Service (DBS) check.
- The staff recruitment procedure had been revised to ensure that all the required recruitment information was obtained.

# Summary of findings

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**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. The practice had addressed the issues identified during the previous inspection. Clear records were maintained of the training provided to staff. Effective systems were in place for the management of significant events and ensuring that reports were provided for child safeguarding meetings. Safety checks of the premises identified as not being completed at the last inspection had been carried out.

In addition, the practice had made further improvements to ensure the safety of the service. The system for ensuring alerts were placed on computer records to indicate any concerns about patient welfare had been reviewed. A system had been put in place to record the receipt and allocation of printable prescriptions. A system had been put in place to identify and check the medication held in GP bags. The induction records had been revised and were more comprehensive. All staff who acted as chaperones now received a Disclosure and Barring Service (DBS) check and the staff recruitment procedure had been revised to ensure that all the required recruitment information was obtained.

Good



### Are services well-led?

The practice is rated as good for providing well-led services. The practice had addressed the issues identified during the previous inspection. Improvements had been made to the governance systems to ensure the premises were safe. Clear records were maintained of the training provided to staff, effective systems were in place for the management of significant events and effective systems were in place to respond to requests for reports for child safeguarding meetings.

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

The provider had resolved the concerns for safety and well-led identified at our inspection on 11 October 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 and well-led identified at our inspection on 11 October 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 and well-led identified at our inspection on 11 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 11 October 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 and well-led identified at our inspection on 11 October 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 and well-led identified at our inspection on 11 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Bunbury Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

## Background to Bunbury Medical Practice

Bunbury Medical Practice is responsible for providing primary care services to approximately 5019 patients. The practice also dispenses medication. The practice is situated in Vicarage Lane, Tarporley in East Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a predominantly rural community. The practice has an average number of patients with a long standing health condition when compared to other practices locally and nationally.

The staff team includes three GP partners and one salaried GP. An advanced nurse practitioner, two practice nurses, a health care assistant, a phlebotomist, dispensary staff, a practice manager and administration and reception staff. Two GPs are female and two are male. The nursing staff, phlebotomist and health care assistant are female. The practice provides training to GP registrars and medical students.

The practice is open 8am to 6.30pm Monday to Friday. The dispensary is open from 8.30am to 6.30pm and is closed for one hour each day in the afternoon to allow for complex medication requests to be managed. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS

Foundation Trust. The majority of patient facilities are on the ground floor. There is a lift available to access the first floor of the building. The practice has a large car park for on-site parking.

Bunbury Medical Practice has a Personal Medical Services (PMS) contract. The practice offers a range of enhanced services including, minor surgery, timely diagnosis of dementia, near patient testing for warfarin control, learning disability health checks and influenza and shingles immunisations.

## Why we carried out this inspection

We undertook a comprehensive inspection of Bunbury Medical Practice on 11 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Requires Improvement. The full comprehensive report following the inspection on 11 October 2016 can be found by selecting the 'all reports' link for Bunbury Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook announced focused inspection on 4 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

The inspector :-

- Carried out a site visit

## Detailed findings

- Spoke with the practice manager and registered manager
- Reviewed documents

# Are services safe?

## Our findings

At our previous inspection on 11 October 2016 we rated the practice as requires improvement for providing safe services. Improvements were needed to ensure the premises were safe. Improvements were needed to the training records to ensure they were an effective means of ensuring staff had the training they required to promote a safe working environment and working practices. Improvements were needed to the management of significant events and to the systems for ensuring reports were provided for child safeguarding meetings when requested.

When we undertook a follow up inspection on 4 April 2017 we found that significant improvements had been made. Records showed that the checks of the premises that were outstanding at the last inspection had been completed. Records showed that a legionella risk assessment, health and safety risk assessments of the premises and an electrical wiring inspection had been carried out.

Records showed that staff had received the training required for their roles including adult and child safeguarding, infection control, fire safety, basic life support and information governance. An on-line health and safety training course had been identified and it was planned that all staff would complete this. Training records also reflected the clinical training that staff had to undertake periodically to keep up to date with their skills such as cytology, minor surgery and immunisations.

A revised policy for the management of significant events had been introduced and a recording template. Staff had also received training in the circumstances in which these events were to be reported and the process for recording and forwarding this information to the practice manager. We looked at a sample of significant events and found that clear records were maintained. Minutes of staff meetings

showed these events were discussed amongst the staff team. There was a process for sharing information with staff unable to attend. A system to review the action taken following a significant event had been put in place. A record was also now being made of the action taken following the receipt of patient safety alerts.

The system for responding to requests for reports for safeguarding adult and child meetings had been improved. A clear written procedure was in place. We looked at a sample of records which showed that since the last inspection requests for information from social services had been appropriately responded to.

In addition we found that further improvements had been made to ensure the safety of the service. We looked at a sample of recruitment records and found that all the necessary recruitment information had been obtained for two members of staff. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. These 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. We found that DBS checks were now held on the records of two staff identified at the last inspection. However, we found one clinical member of staff had not received an enhanced DBS check. This clinician worked for another provider and we were provided with confirmation, after the inspection, that they had undertaken an enhanced check in March 2017.

The system for ensuring alerts were placed on computer records to indicate any concerns about patient welfare had been reviewed. A system had been put in place to record the receipt and allocation of printable prescriptions. A system had been put in place to identify and check the medication held in GP bags. The induction records had been revised and were more comprehensive.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 11 October 2016 we rated the practice as requires improvement for providing well-led services as improvements were needed to the governance systems. Improvements were needed to ensure the premises were safe. Improvements were needed to the training records to ensure they were an effective means of ensuring staff had the training they required for their roles. Improvements were needed to the management of significant events and to the systems for ensuring reports were provided for child safeguarding meetings when requested.

When we undertook a follow up inspection on 4 April 2017 we found that significant improvements had been made.

There were systems in place to ensure safety checks of the premises were completed. A system had been introduced for recording and identifying the training staff required for their roles including adult and child safeguarding, infection control, fire safety, basic life support and information governance. Systems were in place to ensure significant events were appropriately managed. Staff had received training in the management of these events and the procedure had been revised. Records showed that actions arising from these events were shared with the staff team as necessary. The system for responding to requests for reports for safeguarding adult and child meetings had been improved and a sample of records seen indicated that information was being provided for adult and child safeguarding meetings if GPs were unable to attend.