

Burnham & Berrow Medical Centre

Quality Report

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow-up inspection at Burnham & Berrow Medical Centre on 12 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 and to check if improvements had been made in response to our previous comprehensive inspection on 22 June 2016.

On 22 June 2016 we found the practice required improvement in the safe domain and was rated by us as good for effective, caring, responsive and well-led domains. The overall rating for the practice was good. We issued a requirement notice with regards to the breach of Regulation 12 of the Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment. The requirement notice was for the provider to make improvements to ensure:

- Patient Group Directions (PGD) that had been adopted by the practice to allow nurses to administer medicines were appropriately authorised to allow individual named health professionals to practise under the PGD.

- Fridges that were used to store medicines were subject to safe storage procedures to ensure that vaccines were stored within the appropriate temperature range and a cold chain maintained.
- All blood test results were to be viewed by a GP in a timely way in order to do all that is reasonably practicable to mitigate the related risks.
- Necessary actions were to be taken to identify and record risks regarding the absence of paediatric defibrillator pads at Berrow Medical Centre.

In addition we told the provider they should:

- Improve the care planning for patients experiencing poor mental health (including people with dementia) by incorporating information from the relevant mental health team as well as the activity of the practice into individual care plans.
- Review and follow practice policy regarding recruitment checks prior to employment of new staff.

The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Burnham & Berrow Medical Centre on our website at www.cqc.org.uk.

Overall the practice is now rated as Good.

Our key findings across the areas we inspected on 12 April 2017 were as follows:

Summary of findings

- Patient Group Directions (PGD) that had been adopted by the practice to allow nurses to administer medicines were appropriately authorised to allow individual named health professionals to practise under the PGD.
- Fridges that were used to store medicines were subject to safe storage procedures to ensure that vaccines were stored within the appropriate temperature range and a cold chain maintained.
- All blood test results were viewed by a GP in a timely way in order to do all that is reasonably practicable to mitigate the related risks.
- Necessary action had been taken to identify and record risks regarding the use of defibrillator pads for life-threatening abnormal heart rhythms.
- Systems were in place to code and incorporate care plans for patients experiencing poor mental health (including people with dementia) into patient records.
- There was a system to ensure appropriate recruitment checks such as references had been undertaken prior to employment.

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 providing safe services. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice on 22 June 2016. This included demonstrating reliable systems, processes and practices are in place to support safe recruitment practices; The arrangements for managing medicines and vaccines in the practice kept patients safe (including administration, prescribing and storage); Risks to patients were assessed and well managed.

Good



Burnham & Berrow Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC lead inspector.

Background to Burnham & Berrow Medical Centre

Burnham Medical Centre was purpose-built in 1987 and is located close to the town centre. There is car parking on site, with disabled parking bays. It has easy access for all disabled patients with ramps at the entrance and wide doors with automatic opening. There are fully equipped toilets for patients with a disability. All consulting rooms are on the ground floor. There is a pharmacy on site, which shares the premises with the medical centre and patients can access this directly from the reception area.

Berrow Medical Centre, known as the branch surgery, opened in May 2011 as part of Berrow Health Campus and also has full disabled access and a pharmacy on site. Some consulting rooms (including minor operations/gynaecology room and recovery room) are located on the first floor.

These rooms are accessible by either stairs or lift.

The practice's catchment area ranges from Brean Down in the North, through Brean, Berrow, Burnham-on-Sea and Highbridge to the boundary with West Huntspill in the South and Eastwards covers the villages of Brent Knoll and East Brent. The practice also has patients registered who

reside at a number of local nursing and care homes and sheltered accommodations. Burnham-on-Sea and the surrounding accommodate large tourist numbers with many camping and caravanning sites in the area.

The patient list size is approximately 16670 and continues to increase year on year. The practice has lower than national age average patient populations for all age groups from 0 to 44 years of age. The patient population ages from 50 years of age upwards are higher than the national average. A measure of deprivation in the local area recorded a score of 7, on a scale of 1-10. A higher score indicates a less deprived area.

The current staff of the practice includes:

- 3 male GP Partners (3.5 whole time equivalent WTE)
- 3 Salaried GPs (One male and two female equating to 1.66 WTE)
- 1 Management Partner (1 WTE)
- 1 Practice Manager (0.91 WTE)
- 1 Nurse Manager (0.8 WTE)
- 1 Senior Clinical Practice Pharmacist (1 WTE)
- 6 Nurses (4.34 WTE) with interviews currently being conducted to replace two practice nurses whom recently left.
- 2 Paramedics (2 WTE)
- 3 HCAs (2.35 WTE)
- 32 Receptionists/Admin/Secretarial (22.49 WTE)

There are regular locum GPs working whilst the practice continues to recruit 2.5 WTE GPs and 1.8 WTE Practice

Detailed findings

Nurses. Alternative practitioners, such as a pharmacist and two paramedics had been employed, who could not undertake the full duties of a GP but could add to the skill-mix of the staff team.

The practice is open between 8.30am to 12.30pm and 1.30pm to 6.30pm Monday to Friday. From Monday to Friday between 8am to 8.30am and 12.30pm to 1.30pm patients can contact the surgery via an emergency telephone line. Burnham Medical Centre offers a limited number of GP appointments outside normal working hours.

In January 2017, the practice implemented a new urgent care team (two paramedics and two GPs) following a practice audit on patient presenting conditions and pressures on GP availability. This changed the way they handle on the day demand for GP face to face and telephone appointments. We saw evidence that the new urgent care process has meant that patients are being seen earlier in the day and routine GP appointments are available within 2-3 days instead of 2 weeks. In addition the practice had implemented a pilot, providing a musculoskeletal practitioner to assess injuries or pain in the musculoskeletal system. This service operates for two days per week and from December 2016 until February 2017 had saved 302 GP appointments (92% of patients seen by the practitioner) by providing a service to appropriately refer and direct patients for treatment.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and an Out Of Hours GP service is available to patients. Information is available on the practice website and the practice telephone system.

Why we carried out this inspection

We undertook a comprehensive inspection of Burnham & Berrow Medical Centre on 22 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We rated the safe domain as requires

improvement and rated the practice overall as good. The full comprehensive report following this inspection can be found by selecting the 'all reports' link for Burnham & Berrow Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Burnham & Berrow Medical Centre on 12 April 2017. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice now complied with the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice including the action plan from the practice to report on their plan to meet the CQC fundamental standards. We undertook this focused inspection on 12 April 2017 to follow up on breaches of Regulation 12 Health and Social Care Act (RA) Regulations 2014 Safe care and treatment.

We also looked at recommendations we told the practice they should consider relating to care planning records and implementation of practice procedures around recruitment.

During our visit we:

- During our visit we spoke to the business manager and two practice nurses.
- Visited both the Burnham Medical Centre and Berrow Health Campus practice locations
- Looked at information the practice used to deliver care and treatment.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 22 June 2016 we rated the practice as requires improvement for providing safe services as: the arrangements in respect of managing vaccines in the practice (prescribing, administering and storing); the potential risks to children due to the absence of risk assessments around emergency resuscitation equipment and the monitoring of blood test results were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 12 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- At our last inspection we found the arrangements in respect of managing medicines, including vaccines in the practice did not always keep patients safe. Patient Group Directions (PGDs) that had been adopted by the practice to allow nurses to administer prescription only medicines in line with legislation were not signed by a GP. This meant the appropriate person had not authorized the individual practice nurses to practise under the PGD and administer these medicines. Previously we saw minimum, maximum and actual temperatures of the medicines fridge were not recorded daily, when the practice was open. This meant staff could not ensure vaccines were stored and managed properly so immunisations were carried out safely and efficiently.
- On this inspection we looked at the PGDs and saw evidence that each PGD had been appropriately authorized. The practice had also set up an electronic system to record recent updates to the directives and allow staff to access the most up to date PGDs. In addition the system alerted staff to any directives that were due for renewal.
- On this inspection we saw evidence that the practice had purchased new medicine fridges that could record minimum, maximum and actual temperatures through a data storage device. In addition each fridge was manually checked daily and paper records showed evidence of appropriate recording of temperatures. The practice had also purchased a second independent thermometer in the form of a temperature data logger to provide a method of cross-checking the accuracy of the temperature.

- During our last inspection we reviewed personnel files and found that in one case not all appropriate recruitment checks had been undertaken prior to employment.
- On this inspection we saw evidence the practice was following the practice policy on previous employment references as well as the NHS employers 'employment history and references checks'. We looked at five staff personnel files and found appropriate recruitment checks including references had been undertaken prior to employment.
- At our last inspection we saw that improvements could be made with the care planning for patients experiencing poor mental health (including people with dementia) by incorporating information from the relevant mental health team as well as the activity of the practice into individual care plans.
- During this inspection we saw that 57 patients out of the 152 patients experiencing poor mental health had care plans incorporated within their patient record that was appropriately coded. Of the 283 patients experiencing dementia 28 had appropriately coded care plans. The practice advised us that this area continued to be improved. We saw that patient's individual records were written and managed in a way that kept them safe.

Monitoring risks to patients

- At our last inspection we found the system to review blood test result was not robust enough as it had been identified that some blood test results may have not been seen in a timely way.
- During this inspection we looked at the test results protocol that was reviewed following our inspection. Each GP had a buddy to action results during absence. We saw the online results system flagged urgent and abnormal responses so that GPs or their 'buddies' could easily identify where immediate action was required. On the day of the inspection the system showed any immediate test results had been dealt with in a timely manner.

Arrangements to deal with emergencies and major incidents

- At our last inspection we saw that the practice had a defibrillator available at both premises. The defibrillator

Are services safe?

was suitable for adult usage. This practice had not identified or assessed the risk of not providing equipment for cardiac emergencies for children less than eight years of age.

- During this inspection we saw evidence the practice had appropriately sought advice regarding the use of defibrillator pads for children from their life support

trainer. The practice had also completed a risk assessment regarding the provision of equipment for children in a cardiac emergency. In addition recent basic life support training had included actions around the use of adult equipment when treating a child emergency.