

Beehive Surgery

Quality Report

108 Crescent Road
Great Lever
Bolton
BL3 2JR
Tel: 01204 550100
Website: www.beehivesurgery.com

Date of inspection visit: 03/11/2017
Date of publication: 08/12/2017

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.

Contents

Summary of this inspection

Overall summary	Page 1
-----------------	--------

Detailed findings from this inspection

Our inspection team	3
Background to Beehive Surgery	3
Why we carried out this inspection	3
How we carried out this inspection	3
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beehive Surgery on 15 June 2017. The overall rating for the practice was inadequate. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Beehive Surgery on our website at www.cqc.org.uk.

The inspection of 15 June 2017 resulted in a warning notice being issued against the provider.

On 22 August 2017 we issued a warning notice to the provider in relation to a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. We required the practice to become compliant with Regulation 12 by 31 October 2017.

The rating awarded to the practice following our full comprehensive inspection on 15 June 2017 remains unchanged. The practice will be re-inspected in relation to their rating within six months of the report being published from the June 2017 inspection.

Summary of findings

This inspection was an announced focused inspection carried out on 3 November 2017 to confirm that the practice had met the requirements of the warning notice.

At this inspection we found that all aspects of the warning notice had been met.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Beehive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. It also included a second CQC inspector.

Background to Beehive Surgery

Beehive Surgery is located in a converted terraced house in a residential area in Bolton. There were two floors with patient access to both floors. A stair lift was available. There was street parking.

At the time of our inspection there were Approximately 3035 patients registered with the practice. The practice is a member of NHS Bolton Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice did have two male partners. One partner has recently left. The practice manager, who was the locum GP at the previous inspection, is in the process of registering as a new partner. The practice has advertised for a new practice nurse, and they will also recruit a new practice manager.

Opening hours are usually 8am until 6.30pm Monday to Friday, and the practice offers extended hours opening until 8pm on Thursdays. There are morning and afternoon surgeries daily, and there is some flexibility with appointment times.

The practice is registered to deliver the regulated activities of diagnostic and screening procedures, family planning,

maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. However at the time of the inspection it did not carry out family planning or minor surgery services.

The practice has a below average number of patients over the age of 44, with very few patients over the age of 80. There is an above average number of patients aged under 25 and in the 25 to 34 age group.

The male life expectancy is 76 years, below the national average of 79 years. The female life expectancy is 79 years, below the national average of 83 years. An above average number of patients were unemployed.

There is an out of hours service available by phoning NHS 111.

Why we carried out this inspection

This was a follow up focused inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to check if the practice had met the specifications of the Warning Notice issued on 22 August 2017.

How we carried out this inspection

Before our inspection we reviewed information we held about the practice. We carried out an announced focused inspection on 3 November 2017 to check only the issues identified in the warning notice that was issued on 22

Detailed findings

August 2017. During our inspection we spoke with the lead GP and the practice manager who was also a GP. We reviewed documents at the practice on the day of the inspection.

Are services safe?

Our findings

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 22 August 2017. All aspects of the warning notice had been met.

- The practice had changed the way they dealt with significant events. We saw that a form was readily available for all staff to log significant events, and if they were unsure of any aspect of reporting they could seek advice from the practice manager. Since the previous inspection we saw significant events had been investigated and records were kept of these investigations. They were discussed in meetings where learning was discussed. Minutes of these meetings were kept for staff to refer to. Significant events were reviewed to ensure learning was successful, and the practice manager told us they would have an annual review meeting of significant events to analyse trends. Appropriate action had been taken retrospectively for a significant event that had been identified at the previous inspection but not previously recorded.
- One of the GPs had left since the previous inspection, but we saw the remaining two GPs had been trained in safeguarding children to level three.
- We looked at the personnel file for a staff member recruited since the previous inspection. All the required recruitment information was held. In addition all personnel files had been reorganised and a check list was in place to ensure all required information was held.
- The practice manager had a new system in place to log prescriptions. Following the previous inspection the practice had contacted the controlled drug officer from NHS England. They had attended to ensure the system was safe. They had also liaised with the GP who kept unlogged prescriptions at home and destroyed these in the presence of the controlled drugs officer along with any prescriptions kept at the practice. A record was kept of this.
- The business continuity plan had been reviewed and all information was current. In addition the practice had an emergency bag to take from the practice if the building had to be evacuated. This contained information and items essential for the carrying on of the business in the short-term.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 22 August 2017. All aspects of the warning notice had been met.

- The practice had re-organised how they recorded and managed training. A new training matrix was in place and all training was included on this. We saw that mandatory training, including fire training, had been given to all staff.
- All reference to patients under the age of 16 not being seen without a parent being present had been removed from the website and other documents. The practice manager confirmed that although this had been documented previously, they had not followed this practice and patients under the age of 16 could make appointments.
- The practice had an annual audit plan in place. Although this was in its early stages we saw that a two cycle audit had taken place. There was a new staffing structure as a partner had recently left, and all audit results were communicated with clinicians at the practice.

Are services caring?

Our findings

We did not inspect the caring domain in this inspection. We inspected only those aspects mentioned in the warning notice issued on 22 August 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain in this inspection. We inspected only those aspects mentioned in the warning notice issued on 22 August 2017.

Are services well-led?

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

Our findings

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 22 August 2017. All aspects of the warning notice had been met.

- The practice website had been overhauled and the lead GP and practice manager had reviewed all the content to ensure it was correct. An external provider managed the website, with the practice informing them of any changes that needed to be made.
- The lead GP and practice manager had discussed having staff as patients. They had decided that this was not a good practice and staff who had previously been patients were now registered with another GP practice. This had been done in consultation with staff. The

practice was in the process of developing a staff as patients policy that would include how they would ensure the records of the family members of staff were confidential.

- The practice had carried out an in-house survey in April 2017. We saw that the results of this had been analysed and an action plan was in place to monitor any improvements they felt necessary.
- The practice manager told us they reviewed all comments made on the NHS Choices website. Since our previous inspection comments had been positive and patients had expressed their support for the practice. However, they told us any negative comments would be responded to and action taken where required.
- Since the previous inspection there had been a review of practice policies to ensure all information was current and appropriate. The practice manager was working through these and had a system in place to regularly review them and bring changes to the attention of staff.