

Burnham Surgery

Quality Report

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Date of inspection visit: 30 August 2017

Date of publication: 27/09/2017

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at Burnham Surgery on 30 August 2017. This inspection was to confirm that the practice had carried out their plan to make the improvements required identified in our previous inspection on 31 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our inspection on 31 January 2017, we looked at whether the improvements at both inspections had been made. This inspection was a follow up to our previous comprehensive inspection at the practice in March 2016 where breaches of regulation had been identified and the practice had been placed in special measures.

At the inspection in January 2017 and we found that the practice had improved. The practice was rated as requires improvement for providing safe services, and good for effective, caring, responsive and well-led services.

The full comprehensive reports on the March 2016 and January 2017 inspections can be found by selecting the 'all reports' link for Burnham Surgery on our website at www.cqc.org.uk.

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

- The practice had a written fire risk assessment that was completed in June 2017. The practice had undertaken actions from this and other work was underway.
- Systems were in place to monitor performance and quality ensuring tasks such as changes to prescriptions and coding of records was carried out safely. The practice had a consistent process to ensure that all changes to prescriptions were authorised by a clinician.
- A qualified dispenser who worked to an agreed protocol reviewed the medicines of patients discharged from hospital. This included referral to a GP where required. The practice had plans to commence regular monthly audits of 25 patient records to ensure that errors did not occur. However, on the day of our inspection this had not commenced.
- The practice had a contract with the pharmacy and the dispensary were looking to sign up to the Dispensary Services Quality Scheme (DSQS). The dispensary completed audits to monitor its effectiveness.

Summary of findings

- The practice were continuing to demonstrate GP leadership to ensure improvements were implemented, embedded and sustainable to continue to improve patient care.
- The practice had a system in place to evidence and document that the learning from significant events and relevant information had been cascaded to all members of staff. However not all significant events had been documented on the incident reporting forms, despite them been discussed in clinical meetings.
- Practice policies and procedures were fully documented and the most up to date versions were easily accessible to all practice staff.
- The process for acting on patient safety and medicine alerts had been reviewed so that all relevant clinicians were able to action the alerts when received.

- The management had oversight to ensure that all practice staff had received all the training appropriate to their role and in the appropriate time frame.

Actions the practice SHOULD take to improve:

- Commence regular monthly audits that were planned to assure the practice the medicines of patients discharged from hospital were appropriately actioned in line with the protocol.
- Review the process for recording significant events to ensure the incidents are recorded in line with practice policy.

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?

Good



- The practice had a written fire risk assessment that was completed in June 2017. The practice had undertaken actions from this and other work was underway.
- Systems were in place to monitor performance and quality ensuring tasks such as changes to prescriptions and coding of records was carried out safely.
- The practice had a contract with the pharmacy and the dispensary were looking to sign up to DSQS. The dispensary completed audits to monitor its effectiveness.
- The practice had a system in place to evidence and document that the learning from significant events and relevant information had been cascaded to all members of staff. However not all significant events had been documented on the incident reporting forms, despite them been discussed in clinical meetings and actions put in place.
- The practice had a consistent process to ensure that all changes to prescriptions were authorised by a clinician.
- The process for acting on patient safety and medicine alerts had been reviewed so that all relevant clinicians were able to action the alerts when received.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Commence regular monthly audits that were planned to assure the practice the medicines of patients discharged from hospital were appropriately actioned in line with the protocol.
- Review the process for recording significant events to ensure the incidents are recorded in line with practice policy.

Burnham Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector and a GP specialist adviser.

Background to Burnham Surgery

Burnham Surgery is located centrally in the village of Burnham On Crouch, Essex. It is in close proximity to the train station and has parking available. The practice is located in a privately owned purpose built building which had been extended since our last inspection

- The practice has a list size of approximately 9,300 patients.
- The practice has a smaller than average population aged 0 to 44 years old and a larger than average population aged 45 to 85+ years old.
- There are two GP partners (male), and two regular locums.
- There is a nurse practitioner, three nurses and two healthcare assistants.
- There is a practice manager and business manager and a team of reception and administrative staff and cleaners.
- The practice was able to offer dispensing services to patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The dispensing service was provided by a community pharmacy.

- The practice offered appointments between 8am and 6.30pm on Mondays to Fridays with extended hours appointments on Tuesday from 7am to 8am. Appointments for practice nurse or health care assistant and telephone consultations with a GP are available on Tuesdays and Thursday from 6.30 pm to 7pm. In addition to pre booked appointments, available six week in advance, urgent and walk in appointments were available for those that needed them.
- When the practice was closed patients called 111 to be connected to the out-of-hours service provided by NHS Mid Essex.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a follow up to our previous comprehensive inspections at the practice in March 2016 and January 2017 where breaches of regulation had been identified.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 August 2017. During our visit we:

- Spoke with a range of staff (GP, nurse, practice management and administrative staff).

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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 inspection on 31 January 2017, we rated the practice as requires improvement for providing safe services. Lessons learned following significant incidents were not always recorded. There was no fire risk assessment in place at the practice and there was no consistent process to ensure that all changes to prescriptions were authorised by a clinician. The newly introduced system for tracking the use of prescription stationery needed to be embedded and monitored and the process for safety alerts was not effective as it was dependent on one person overseeing the email in box and alerts would not be processed when that person was not on duty. The practice had a contract to dispense medicines to some of their patients and had an arrangement with the pharmacy, which was located in the same building. On the day of the inspection, the contract between the practice and the pharmacy owner had not been agreed.

These arrangements had improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Significant events were discussed at meetings, where outcomes were reviewed and put into practice. We spoke with staff who told us that information and learning from these meetings was shared with them. We saw evidence of learning that had been communicated with staff in the form of a memo and we saw minutes of meetings where significant events were discussed. The practice maintained a separate log of significant events which showed action taken and lessons learned. However, on the day of the inspection there were four significant events that we saw documented in minutes and also on the log but were unable to see that the reporting form had been completed. Lessons learned for example included practice protocols been written and other protocols been re-iterated to staff where applicable.

We reviewed safety records, incident reports and the process for responding to patient safety and medicine alerts. Records showed that safety alerts were received, recorded, distributed, and acted on. The system in place was that alerts were received into the practice and enabled members of staff to access the email account to then action the alerts.

Medicines management

- The procedure for amending prescriptions following hospital discharge was carried out consistently and we saw that changes were always authorised by a clinician with reference to the patient notes.
- The system to monitor the use of blank prescription forms and pads was in line with national guidance and there were records to demonstrate the effectiveness of the process.
- The practice offered a dispensing service to patients on the practice list who lived more than one mile from a pharmacy. The service was provided by a community pharmacy within the same building. The practice had contractual arrangements with this service for the practice to assure themselves of the quality of the service.
- A qualified dispenser who worked to an agreed protocol reviewed the medicines of patients discharged from hospital. This included referral to a GP where required. The practice had plans to commence regular monthly audits of 25 patient records to ensure that errors did not occur. However on the day of our inspection this had not commenced.

Monitoring risks to patients

The practice had improved the systems and process to identify and mitigate risks to patients.

- The practice had a written and up to date fire risk assessment. Actions that were identified such as fire safety training and new signage had been put in place. There were other actions that the practice were obtaining quotes for and this was to be completed in September 2017.