Bretton Medical Practice

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
Are services effective?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk based review for Bretton Medical Practice on 22 September 2016. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection on 1 February 2016.

During the inspection in February 2016, we identified that the provider must improve;

- health and safety risk assessments of the environment
- procedures for checking incoming patient health information records
- the role of the infection control lead and the scope and frequency of infection control audits
- documented care plans for patients at risk of unplanned hospital admissions that can be accessed by other health professionals.

The practice wrote to tell us about the action they would take to comply with Regulation 12 Safe care and treatment. We reviewed the evidence they sent us and found the improvements had been completed.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at www.cqc.org.uk

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

Our focused inspection on 22 September 2016 found that the practice is rated as good for providing safe services.

- The practice had taken action to ensure that the premises were safe. Health and safety risk assessments had been developed although these should be further expanded. A system was in place to monitor safety checks that were due to ensure they were actioned in a timely way.
- A system was in place to manage incoming medical letters so that the on-going care of patients was effectively managed by the practice team.
- A schedule of infection control audits had been implemented.

This report should be read in conjunction with the full inspection report from 1 February 2016.

Are services effective?

Good

Our focused inspection on 22 September 2016 found that the practice is rated as good for providing effective services.

- Action had been taken to review the needs of registered patients who were at risk of unplanned hospital admissions. All of these patient had a care plan that had been shared with the patient and was accessible to external health professionals when the practice was closed.

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 effectiveness identified at our inspection on 1 February 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 effectiveness identified at our inspection on 1 February 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 effectiveness identified at our inspection on 1 February 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 effectiveness identified at our inspection on 1 February 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 effectiveness identified at our inspection on 1 February 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 effectiveness identified at our inspection on 1 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Bretton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC lead inspector.

Background to Bretton Medical Practice

Bretton Medical Practice provides primary medical care to approximately 12000 patients living around the Bretton area within the city of Peterborough. The practice is situated close to a local shopping area with accessible parking and transport links.

The practice is led by two GP partners (male) who are supported by three salaried GPs (one male and two female) and four nurse practitioners. It is a training practice and currently has two trainee GPs working at the practice. In addition there are five practice nurses and three healthcare assistants. A practice manager and assistant manager support the clinical team along with three administrative staff and 13 reception staff.

The practice opens between 8am and 6.30pm Monday to Friday. Appointments are available with GPs from 9am to 12pm and 3pm to 6pm daily. Extended surgery hours are available on Tuesdays until 8pm and on Saturday mornings. In addition to pre-bookable appointments, patients are offered urgent appointments or telephone consultations.

When the practice is closed, patients are provided with the contact number for the local out of hours service or given details of the location of the local walk in centre.

The registered population of patients comprises of a higher than average number of children under the age of 18 compared to the national average. It also has a lower than average number of people aged over 65 years. 36% of patients do not have British/mixed British ethnicity and to help accommodate the diverse patient population, the practice employs multi-lingual staff. The demographic area has a higher than average level of deprivation and the practice have a population turnover of around 20% each year.

Why we carried out this inspection

This was a desk based inspection to follow up on actions taken by the provider since our last CQC inspection visit in February 2016. We carried out a desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

How we carried out this inspection

We reviewed the action plan supplied by the practice following the inspection in February 2016. Additional evidence of the completed improvements were sent by the practice for us to review. We also discussed the actions with the practice manager and senior GP.

Good

Are services safe?

Our findings

When we inspected Bretton Medical Practice on 1 February 2016 we found that health and safety risk assessments of the environment were not being completed so that actions could be taken to mitigate any risks to staff and service users. There was no process in place for staff to check incoming patient health information such as hospital letters, to ensure that all relevant information was seen and actioned by a GP. We also found the practice needed to develop the role of the infection control lead in the on-going assessment and management of infection control risks. Improvement was also needed for the infection control audits to prevent the spread of infection.

The practice responded by sending us an action plan detailing the improvements they planned to make. As part of this desk based review, we requested evidence of the actions taken and spoke with the practice manager and senior GP.

The practice showed they had completed their own fire risk assessment and had complied a monitoring checklist to identify when health and safety checks were due. This included for example, legionella and electrical safety checks. A general risk assessment had also identified some risks around the building such as a trip hazard and a clinical sink that was water damaged. Measures had been taken to mitigate identified risks although the assessment was limited to five issues and this required expanding further. The practice agreed to take additional action to strengthen the risk assessment.

A policy had been developed to guide administrative staff on how to manage incoming medical information. This meant accurate details were recorded in patient records and where relevant, clinical staff notified when action is required. Regular quality checks of this work have been implemented and the GPs also the quality when they receive requests to take action. If an error occurs this is reported as an incident and reviewed so that learning can be shared.

The infection control lead at the practice had completed training to update their knowledge and skills. A regular programme of audit was in place and actions were discussed with the practice manager to determine how to address them. In addition infection control is discussed at each monthly practice meeting so that audit feedback can be shared with staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

During the previous inspection visit we found that 6% of registered patients at the practice were considered to be at risk of unplanned hospital admissions. These patients did not have a care plan recorded in their medical records and there were no care plans issued to patients. This meant information could not be shared easily when the practice was closed therefore patients may be at risk of receiving care that did not meet their needs.

We found the practice had reviewed their list of patients who were identified as being at risk of unplanned admissions to ensure this reflected the most vulnerable patients. All of these patients now have a care plan in place. When their health needs change or additional support is required, the practice team work with other relevant professionals to ensure that the plan of care remains relevant. Patient satisfaction questionnaires have been sent to patients at risk of unplanned admissions to monitor their satisfaction with their care plan.