

Boundary House Surgery (Extended Hours Service)

Quality Report

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Bracknell
Berkshire
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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 effective?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to Boundary House Surgery (Extended Hours Service)

3

Why we carried out this inspection

3

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boundary House Surgery (Extended Hours Service) on 2 March 2017. The overall rating for the service was requires improvement. Specifically, we found the service to be good for providing safe, caring and responsive services and requires improvement for effective and well led services. The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Boundary House (Extended Hours Service) on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 24 January 2018 to confirm that the service 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 2 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the service is now rated as Good.

Our key findings were as follows:

- The service had instigated a system for tracking blank prescriptions.
- We saw calibration records for medical devices including in the GPs bags.
- Staff appraisals had been carried out and an appraisal programme was in place.
- Clinical audits had been undertaken to improve quality of care and patient outcomes.
- Governance processes had been improved to review, assess and monitor quality improvements and safety of services.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Boundary House Surgery (Extended Hours Service)

Detailed findings

Our inspection team

Our inspection team was led by:

This follow up inspection was undertaken by a CQC inspector.

Background to Boundary House Surgery (Extended Hours Service)

Boundary House Surgery (Extended Hours Service) is based in Bracknell, Berkshire and provides an extended hours GP service to 15 member practices of the GP federation that makes up Bracknell and Ascot Clinical Commissioning Group. The service is provided by Berkshire Primary Care Ltd (BPC) and was commissioned in December 2015 to offer extended hours service for approximately 140,000 patients across the 15 federation practices in Bracknell and Ascot. At the time of this inspection the contract to run this service was in place until 31 March 2018.

All services are provided from:

Boundary House Surgery, Mount Lane, Bracknell, Berkshire, RG12 9PG.

Details of the service provided can be found on the provider website: www.berkshireprimarycare.co.uk

The service has core opening hours from 6.30pm to 8.30pm Monday to Friday and 8am to 2pm on Saturdays. The service offers 15 minute long pre-bookable appointments with GPs, practice nurses and health care assistants, which can be booked up to six weeks in advance.

Why we carried out this inspection

We undertook a comprehensive inspection of Boundary House Surgery (Extended Hours Service) on 2 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as requires improvement. The full comprehensive report following the inspection on March 2017 can be found by selecting the 'all reports' link for Boundary House Surgery (Extended Hours Service) on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Boundary House Surgery (Extended Hours Service) on 24 January 2018. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 March 2017, we rated the service as requires improvement for providing effective services as the arrangements in respect of clinical audits, staff appraisal and staff training needed improving.

These arrangements had improved when we undertook a follow up inspection on 24 January 2018. The practice is now rated as good for providing effective services.

Monitoring care and treatment

The service used information about care and treatment to make improvements. They had carried out a number of clinical and operational audits since the last inspection, including some second cycle audits. We reviewed three two-cycle audits and found learning had been shared with staff and recommendations made to affect improvements to patient care:

- An audit of antibiotic use in patients presenting with symptoms of a urinary tract infection (UTI) found that prescribing of the preferred first-line antibiotic treatment had increased in line with prescribing guidelines. Of the two routinely offered antibiotic treatments, the clinical commissioning group (CCG) had recommended a better A:B ratio (a quantitative measure between two antibiotics showing the number of times medicine A was used compared to medicine B). In 2015/16 the audit identified 69% of prescriptions were for the less appropriate antibiotic medicine A. All clinical prescribing staff were offered guidance from the CCG prescribing teams and reminded of the guidelines through newsletters and protected learning within their own practices. In 2016/17 the audit showed prescribing for antibiotic medicine A had reduced to 46% close to the CCG target set for below 45%.
- The service carried out an audit of antibiotic prescribing for two groups of antibiotic medicines that should be restricted to treat resistant disease when standard antibiotics were ineffective. The recommended target should be below the national average of 5% and 2.5% respectively. Between December 2015 and March 2016 the service achieved 1.2% for Cephalosporin prescribing and 2.4% for Quinolone prescribing. All prescribing clinical staff were reminded of the local prescribing

guidance and received CCG pharmacy updates through their own practices. A repeat audit between December 2016 and March 2017 showed the service had reduced the prescribing to 0.5% and 1.7% respectively.

- Health checks for patients aged 40 – 74 were offered to patients as part of the service provided. The health checks were audited to ensure specific standards were met for clinical and patient satisfaction outcomes. The first cycle (December 2015 to November 2016) demonstrated heart rate checks were undertaken for 92% of all patients attending for a health check. This increased to 100% in the second cycle (December 2016 to November 2017). (Heart rate checks can identify irregular heart rhythms which can be an indicator of heart problems. Irregular heart rhythms, if left untreated, can lead to other health conditions such as stroke and heart attacks). Patient satisfaction of the health check service increased from 88% to 98% over the two audit cycles. Recommended actions for the next review included ensuring the patient survey was sent out in a timely way so that patients could recall the event and monitoring the heart rate checks to ensure they did not fall below the 100% target. Results of the audits were shared with staff.

Effective staffing

Since the last inspection the service had reviewed the way staff training was monitored. The Director of Operations had instigated a training matrix which documented which training modules had been undertaken and when the next training or update was due. The matrix was easy to follow and divided by each staff group. We corroborated the information in the matrix by looking at a random sample of training certificates from staff files. We saw evidence that all staff had received up to date training on health and safety, infection control, mental capacity act and equality and diversity awareness.

Staff appraisals had been reviewed and monitored by the Director of Operations for the service. All staff who had been with the service for longer than 12 months had received an appraisal and we saw evidence of these. There was a programme of appraisals already planned for 2018.

Consent to care and treatment

When we reviewed the staff training records we saw evidence all staff had received appropriate mental capacity act training.

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 2 March 2017, we rated the service as requires improvement for providing well-led services as there were concerns over governance arrangements to ensure quality and safety.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 24 January 2018. The service is now rated as good for being well-led.

Governance arrangements

The service had reviewed their governance arrangements

- Blank prescriptions were individually tracked through the service. There was a process for logging blank prescriptions to individual GPs and ensuring any unused prescriptions were returned and recorded each evening. This was monitored regularly to ensure the system was being used appropriately.
- Calibration records for medical equipment were maintained to ensure equipment within the GPs bags was included. We looked a sample of medical equipment and found they had been calibrated within

the past 12 months and had the relevant calibration sticker to show this had occurred. The service had made arrangements to ensure annual calibration of all equipment.

- The service had requested premises risk assessments and health and safety checks from the premises owners to ensure risks were mitigated for their patients and service users. We saw evidence of several of these including a fixed electrical wiring check, fire risk assessment, legionella risk assessment and asbestos survey.
- The provider had reviewed the arrangements for monitoring staff training. Staff were reminded to undertake training through staff newsletters, via email and through informal discussion. The training matrix was monitored regularly by the Director of Operations to ensure lapses in training were minimised.
- Staff appraisals had been undertaken and there was a programme of appraisal for the next 12 months.
- The service had reviewed their programme of audit and undertaken repeated cycles to demonstrate quality improvement. Future audits were already planned and the service was involved in local projects which were due to be audited in the next 3 months.