Binfield Surgery

Quality Report

Binfield Surgery, Terrace Road North, Binfield,
Bracknell
Bracknell, RG42 5JG
Tel: 0844 477 0932
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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
Are services caring?	
Are services responsive to people's needs?	Good
Are services well-led?	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 of the Binfield Surgery**,** Terrace Road North, Binfield, Bracknell on 21 July 2015. This inspection was undertaken to check the practice was meeting regulations following our previous inspection in October 2014. The practice was given and overall rating of requires improvement following the previous inspection.

Specifically we rated the practice as inadequate for providing safe services, requires improvement for providing effective, responsive and well-led services and good for providing caring services.

There were concerns regarding the management and dispensing of medicines which could have impacted on patient safety. The practice did not follow all of the requirements related employing and recruitment staff. We found that not all training required by staff was delivered to ensure that they could provide safe and effective care. We issued requirement notices to the practice.

Following the inspection the practice sent us an action plan detailing how they planned to meet the fundamental standards included in this report. In addition to improvements we told the provider they must make, we also suggested improvements the provider should consider. These included introducing a comprehensive infection control audit, ensuring that contingency plans for medical emergencies were in place and clearly communicated to the team, reviewing their appointments process due to concerns with nurse appointment availability and to review the planning and delivery of care provided to patients with learning disabilities and those with other complex needs.

We undertook the focussed inspection at Binfield Surgery on 21 July 2015 to check improvements to the service had been made. Our findings were as follows:

- Criminal background checks with the Disclosure and Barring Service (DBS) had been undertaken on all relevant staff and other staff checks where necessary.
- Changes to the storage and dispensing of medicines had been made to improve safety.
- Emergency equipment was working and accessible and emergency medicines were available.
- Training had been delivered to staff which related to their roles. For example, in the Mental Capacity Act and infection control.
- Changes to nurse appointments had been implemented, aimed at improving access to nurses.
- A hygiene and infection control audit had been implemented.
- The practice had implemented appropriate monitoring of patients with learning disabilities.

Summary of findings

We have amended the practice's ratings to reflect these changes. The practice is now rated at good for the provision of safe, effective, caring, responsive and well-led services.

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 was providing safe services. Since the last inspection the provider had ensured recruitment procedures were carried out with care to ensure that staff were suitable to work in positions of trust and with vulnerable people. Policies and procedures were in place to maintain safe standards of infection control.

Good

Are services effective?
The practice was providing effective services. Training in the Mental Capacity Act 2005 had been implemented to ensure staff were able to deliver care with consideration to the Act where necessary. Other core training was delivered to staff and monitored using an online training tool.

Good

Are services caring?
We did not include this domain as part of this inspection.

Are services responsive to people's needs?
The practice was providing responsive services. Since our last inspection the practice had implemented an audit for patients with learning disabilities to monitor the uptake of health checks and access to other care they received. A partner and the practice manager told us that patients with mental health problems or learning disabilities had designated GPs.

Good

Are services well-led?
The practice was well-led. Risks identified at our inspection in October 2014 had been assessed and managed. Improvements to communication among staff, specifically between GPs and the nursing team had been implemented. Nurses were involved in clinical governance.

Good

Summary of findings

Binfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

CQC inspector. There was also a nurse specialist adviser and a pharmacy inspector**.**

Background to Binfield Surgery

Binfield surgery is located on one site. The premises have treatment and consultation rooms on the ground floor with wheelchair access at reception. There are three practice partners and a total of five GPs working at the practice, as well as locums. Both male and female GPs work at the practice. The nursing team consists of three practice nurses and one healthcare assistant. Binfield Surgery dispenses medicines to patients. The practice has a Personal Medical Services (PMS) contract. PMS contracts are locally arranged and are not subject to direct national negotiations between the Department of Health and the General Practitioners Committee of the British Medical Association. The practice was last inspected in October 2014 and we found concerns regarding the regulations for recruiting staff, supporting staff and medicines management. We issued requirement notices for these regulations and asked the provider to send us an action plan of how they would achieve compliance. During this inspection we followed up on our concerns from the inspection in October 2014. We visited Binfield Surgery**,** Terrace Road North, Binfield, Bracknell, RG42 5JG as part of this inspection.

This practice does not provide Out of Hours coverage to patients, they have a contract with a local provider and information is displayed in the practice.

Why we carried out this inspection

We carried out an inspection on 1 October 2014 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting. We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We revisited Binfield Surgery on 21 July 2015 as part of this review.

How we carried out this inspection

Before visiting, the provider confirmed they had completed the actions outlined in their action plan. We reviewed documentation related to the management of the service, patient care and spoke with staff, including GP partners, the practice manager and members of the nursing team.

Good

Are services safe?

Our findings

Medicines Management

In October 2014 we found processes for dispensing and storing medicines were not appropriate and potentially unsafe. Staff who dispensed medicines had not received appropriate training.

At the inspection in July 2015, we found that standard operating procedures for dispensing medicines had been put in place in March 2015. This helped to ensure that staff followed safe practices when dispensing. We saw that security where medicines were stored had been improved. A lock had been installed at one location where medicines were stored so that patients or visitors were not able to enter the room. There was a camera monitoring where medicines were stored.

Staff told us they had introduced quarterly stock checks of medicines stored in the dispensary. This included checking quantities and expiry dates of medicines which would allow them to monitor the medicines stored. We could not see an example of this because staff wrote over the previous check and did not save a copy. They told us they would save these in future.

In October 2014 patients were not always provided with appropriate information regarding medicines. At this inspection we saw evidence that this information was provided via patient information leaflets with dispensed medicines.

In October 2014 we found that specific forms of dispensing which required batch numbers and expiry dates did not always have these included. Staff told us they now always added the batch number and expiry date to the specific packs. We were not able to see an example of this because staff told us this did not happen frequently.

In October 2014 we found the vaccine and medicines fridge was stored in a corridor accessible to the public and was not locked. In July 2015 we saw that a new refrigerator was in use. There was a lock to ensure vaccines and other medicines stored in the fridge were secure.

To ensure dispensary staff had the skills and knowledge to perform their roles, they had been enrolled on NVQ level two equivalent courses for dispensers working in GP practices. We saw evidence of their progress on this course and they were due to finish in October 2015.

In July 2015 we found a record of blank prescriptions logged into and out of the practice was not in place but we were sent evidence to suggest this had been implemented within 24 hours of the inspection.

Cleanliness & Infection Control

In October 2014 staff had not received infection control training in line with the practice's training programme. There was not a comprehensive audit tool for infection control. In July 2015 we saw that staff had received infection control training from the practice's training log. A comprehensive infection control audit tool had been implemented which identified action to reduce the risk of healthcare associated infection. For example, chairs were in the process of being replaced in consultation and treatment rooms.

The infection control lead had not undertaken further training to support them in this role, but we saw from appraisal records that this had been identified as a training requirement and had been booked for later in 2015.

Staffing and recruitment

In October 2014 we found that not all staff requiring criminal record background checks with the disclosure and barring service (DBS) had been provided with them. In July 2015 we saw records showing that staff required to have criminal record background checks with the DBS had received them. Proof of staff hepatitis B immunisation records were available on all the staff files we looked at. Employment histories for staff employed since the last inspection had been sought. Where any gaps were noted, the practice manager could account for these and the reasons provided did not require any form of risk assessment. They also told us identification documents had been reviewed for new staff but copies were not available on staff files. However, the accounting of gaps in employment histories and staff identification had not been recorded.

Arrangements to deal with emergencies and major incidents

During the inspection in October 2014 the automated external defibrillator (AED; designed to be used in the event of abnormal heart rhythm or cardiac arrest) had not been working for several days. Some staff were not aware the defibrillator was not working. There was a risk that staff would not have been able to respond appropriately in a

Good

Are services safe?

medical emergency if they were unaware the defibrillator was out of use. The practice did not store medicines which are recommended for practices that fit coils or have minor surgery clinics. .

At this inspection we saw the AED was working and stored in an area accessible to staff at all times. Nurses told us this was checked regularly to ensure it was working. There was no record kept of these checks.

The emergency medicine identified as missing at our last inspection was stored in a treatment room during our inspection in July 2015. We found the medicine was within its expiry date.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

In October 2014 training required by staff such as Mental Capacity Act 2005 (MCA) awareness and infection control was not provided in line with the provider's training programme. At this inspection we saw evidence showing that MCA training was provided to staff who required this. Nurses told us they had received this training. There was a protocol in place to support staff should they need to refer to guidance on the MCA in order to assess someone's capacity or need assistance in making best interest decisions.

Are services caring?

Our findings

We did not include this domain as part of this inspection.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In October 2014 we found there were no designated GPs for patients with learning disabilities or mental health problems. At this inspection a GP partner and the practice manager told us that patients with mental health problems or learning disabilities had designated GPs. Learning disability patients attended another local GP practice for their annual review and the practice audited this to monitor the uptake of the service and access to other care depending on the patients' needs.

Access to the service

At our inspection in October 2014 reception and nursing staff told us that nurse appointments could be difficult to find for patients.

At the inspection in July we reviewed the appointment system and the practice manager explained the changes made to improve availability of nurse appointments. The changes included less specific and more routine nurse appointments. This meant patients calling for a specific need, such as a change of dressing or diabetic health check, could be offered more flexibility in when they could see a nurse rather than very specific times of the week. Nurses told us this had improved the system. We looked at a patient survey undertaken by the practice in March 2015. This found that 63% of patients found the appointment system good or excellent and 23% rated it as fair.

Are services well-led?

Good

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

Our findings

Governance arrangements

In October 2014 we found that the practice had not always identified and managed risks to patients' welfare. Communication with staff did not always take place when necessary regarding identified risks.

At this inspection risks to patients we identified at the previous inspection, such as the Automated External Defibrillator not working and staff working with patients without required background checks, had been addressed.

There had been a change to the appraisal process with nurses to improve communication between GP partners and the nursing team. This meant all nurse appraisals were led by a GP partner. We looked at three appraisal records which showed that nurses had communicated some areas for improvement in how they were supported. This had led to a programme of training for the nurses and we saw evidence that courses had been attended or booked to support the nurses.

The nursing team members we spoke with reported an open culture where they could suggest improvements and recommendations for improving patient care were listened to. Practice nurses attended clinical team meetings regularly and we saw that agendas for the meetings included supplementary information for the attendees, such as National Institute for Health and Care Excellence (NICE) guidance relevant to the meeting topics. This provided support and guidance that staff could readily access outside of the meetings in their everyday work.