

# The Broadshires Health Centre

## Quality Report

Broadshires Health Centre  
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Date of inspection visit: We have not revisited The Broadshires Health Centre as part of this review because they were able to demonstrate that they were meeting regulations associated with the Health and Social Care Act 2008 without the need for a visit.  
Date of publication: 05/04/2017

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

Our previous comprehensive inspection at The Broadshires Health Centre on 26 August 2016 found a breach of regulation relating to the safe provision of services. The overall rating for the practice was good. Specifically, we found the practice to require improvement for provision of safe services. It was good for providing effective, caring, responsive and well-led services. All population groups were rated as good. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for The Broadshires Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based exercise, accompanied by telephone interviews with four members of staff, carried out on 21 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 26 August 2016. This report covers our findings in relation to the requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. The information supplied by the practice,

and telephone interviews carried out on 21 March 2017 confirmed the practice was meeting the regulation that had previously been breached. We have amended the rating for this practice to reflect these changes.

Our key findings were as follows:

- The provider kept practice specific clinical and operational policies and protocols under review. These were recorded when they were updated. Staff were aware of the location of policies and said they were easy to access.
- There was an appropriate system in place to record and share the outcomes and learning from significant events. Staff we spoke with were able to identify learning from significant events that had occurred since the last inspection.
- The procedure for dealing with a break in the cold chain (the procedure for keeping medicines requiring a controlled temperature safe) had been updated. We saw minutes of meetings showed the new procedure had been shared with staff and those we spoke with knew how to manage a break in the cold chain if this occurred.
- There was a system in place to ensure minutes of staff team and practice meetings were shared with all staff.
- Nationally reported performance data for 2015/16 showed the practice had increased the number of face to face reviews for patients diagnosed with dementia

# Summary of findings

from 78% to 91%. This was above the clinical commissioning group (CCG) average of 87% and national average of 84%. This had been achieved with the practice only removing 2% of patients from this indicator which was below the CCG average of 5% and national average of 7%.

- The practice sought patient feedback by various means and acted upon the feedback received. Issues and proposed developments were shared with the online patient participation group (PPG) members. This group were encouraged to comment on practice and local health care developments. A suggestion box was available as well as a comments area on the practice website. The common theme in patient feedback was availability of appointments. The practice undertook a daily review of appointment availability and varied the mix of pre-bookable and on the day appointments to respond to this feedback.

- Patient feedback to staff and via the patient comments and suggestion box showed that evening appointments were appreciated by patients of working age who found it difficult to attend for appointments during normal working hours. The practice responded by appointing a further GP to undertake evening clinics and funded this by obtaining GP access funds.

The rating for the provision of safe services has been updated based on the findings of this desk-based exercise. The overall rating of good remains unchanged.

**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 had taken appropriate action and is now rated as good for the provision of safe services.

At our inspection of 26 August 2016 we found the practice had breached a regulation relating to safe care and treatment that resulted in the rating of requires improvement.

Using information supplied by the practice for this desk top review and by conducting telephone interviews with staff, we saw the previous breach of regulation had been addressed:

- The practice had updated the policy for maintaining medicines and vaccines at controlled temperatures. The revised policy had been shared with relevant staff.
- Staff demonstrated a clear understanding of how to maintain medicines that required storage at controlled temperatures and knew what to do if medicine fridge temperatures operated outside of the recommended temperature range.
- An effective system to record, review and share learning from significant events had been introduced. Staff demonstrated a clear understanding of how to report and respond to a significant event. Records showed that outcomes and learning from significant events were widely shared with the staff team.

Good



# The Broadshires Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk-based review was conducted by a CQC Lead Inspector.

## Background to The Broadshires Health Centre

The Broadshires Health Centre is located on the outskirts of the town of Carterton. It is close to the Brize Norton RAF station and serves a large number of patients who are families of RAF personnel. There are bus links running close to the practice. A dental practice and a commercial pharmacy are located immediately opposite the practice thus offering a range of NHS facilities in close proximity. The premises are purpose built and all GP and nurse consulting and treatment rooms are located on the ground floor.

Automatic doors are provided with level access for patients with mobility difficulties. There is a large waiting room with space for wheelchairs, mobility scooters, prams and pushchairs.

There are eight GPs at the practice of whom six are female and two are male. Seven are partners and one is salaried and they are equivalent to approximately 5.4 whole time GPs. The practice is a training practice for qualified doctors seeking to become GPs. The practice nursing team of seven are all part time. Four of the team are qualified nurses and

there is an assistant practitioner, a health care assistant and a phlebotomist. The practice manager is supported by a practice administrator and a team of administration and reception staff.

Approximately 9,900 patients are registered with the practice. The majority are white British with very few patients whose first language is not English. There are a higher than average number of patients registered aged between nought and nine years old and 30 to 54 years old. The number of patients registered aged over 60 years is significantly lower than the national average.

The practice delivers services to patients via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The contract includes the opportunity for the practice to dispense medicines to patients who live over a mile from a pharmacy. The dispensing service is operated by the pharmacy opposite the practice on behalf of the practice.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are from 8.20am until 11.50am every morning and from 2pm until 5.50pm every afternoon. The practice maintains close scrutiny over availability of appointments and when demand for appointments is high the first appointments are offered at 8am. An extended hours clinic is held on a Tuesday evening between 6.30pm and 8.30pm when pre-booked appointments are offered by both GPs and nurses.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Oxford Health NHS Foundation Trust. The out

# Detailed findings

of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: The Broadshires Health Centre, Broadshires Way, Carterton, Oxfordshire, OX18 1JA

## Why we carried out this inspection

We undertook a comprehensive inspection of The Broadshires Health Centre on 26 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on August 2016 can be found by selecting the 'all reports' link for The Broadshires Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of The Broadshires Health Centre on 21 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of The Broadshires Health Centre on 21 March 2017. We

conducted four telephone interviews with staff to corroborate the information the practice sent us. The analysis of the documentation provided by the practice and telephone discussions with staff involved reviewing evidence that confirmed:

- Staff involved in maintaining the cold chain for medicines were aware of the practice protocol and knew how to deal with a break in the cold chain if this occurred.
- There was an appropriate and effective system in place for sharing significant events with relevant staff. The outcomes and learning from significant events were shared with staff and staff were able to identify significant events that had been recorded in the last six months.
- Recording of the review of policies and procedures had been completed. Policies and procedures were kept in one location and were easily accessible to staff.
- The number of face to face care reviews for patients diagnosed with dementia had increased by 13% from 2015 to 2016.
- The practice had introduced effective processes for gathering patient feedback on services and action was taken in response to this feedback.

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 previous inspection on 26 August 2016, we rated the practice as requires improvement for providing safe services as arrangements to share learning from significant events and ensure staff operated safe systems detailed in practice policies were not adequate. We also found:

- Practice policies in respect of operating safe systems of work were not easily accessible to staff and review of these policies had not been recorded in all cases.

This gave rise to a breach of regulation in regard to delivery of safe care and treatment.

The practice had addressed the issues giving rise to the breach of regulation identified at the last inspection when we undertook the desk-based review and telephone interviews on 21 March 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

The practice had updated their procedure for ensuring staff were aware of and received learning from significant events. The process included:

- The member of staff reporting a significant event was required to complete a significant event reporting form. This was held on the practice computer system and the four staff we spoke with by telephone all confirmed they could access the reporting form.
- Staff teams affected by a significant event took immediate action to ensure a similar event was avoided in the future and the action was identified in the reporting form.
- Completed significant event reports were circulated to all relevant staff. The staff we spoke with by telephone were able to confirm this and were also able to identify significant events that had been reported in the last six months. For example, learning from one event involved

changing the system for making appointments for female patients requiring the fitting of an intrauterine contraceptive device (coil). Staff told us they ensured a pre-procedure appointment with a suitable qualified nurse was made to ensure the patient received advice prior to the procedure. The practice sent us copies of minutes of the review meetings and of information sent out to staff regarding outcomes from significant events.

- Significant event meetings were held every three months at which events were reviewed. These involved the reporter of significant events. The outcome of the review and the confirmed learning to avoid any recurrence was then circulated to all staff to which the event was relevant.

### Overview of safety systems and process

The practice had reviewed and updated their policy and protocol for maintaining medicines and vaccines that were required to be kept at controlled temperatures.

- The practice had reviewed and updated their policy for safe and secure handling of non-controlled drugs and medicines. This included the cold chain policy.
- The minutes of the nurse team meetings held in September and October 2016 identified that nurses were aware of the policy and had updated the recording system for monitoring of fridge temperatures.
- The two members of the nursing team we spoke with by telephone were able to describe the policy and the actions they would take if they identified medicine fridge temperatures outside of recommended range.
- The practice sent us fridge temperature monitoring records for January to March 2017, of four medicine fridges. These showed the appropriate temperature ranges had been maintained and that a second daily temperature check was recorded.

These actions were now ensuring that requirements relating to safe care and treatment were being met.