

# Burnham Health Centre

## 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	
Are services responsive to people's needs?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection in November 2015 found breaches of regulations relating to the safe, effective and responsive delivery of services.

We found Burnham Health Centre required improvement for the provision of safe, effective and responsive services. The practice was rated good for providing caring and well-led services. Consequently we rated all population groups as requiring improvement.

This inspection in July 2016 was undertaken to check the practice was meeting regulations that were in breach from the last inspection. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 5 November 2015.

We found the practice had made improvements since our last inspection. At our inspection on the 21 July 2016 we found the practice was meeting the regulations that had previously been breached.

Specifically we found:

- The practice had reviewed their recruitment policy and developed a comprehensive recruitment checklist and demonstrated appropriate recruitment checks had been undertaken prior to employment.
- All clinical and non-clinical staff had received an appraisal within the last 12 months and all staff had received training relevant to their role.
- The practice had taken number of steps to improve the appointments booking system and access to a named GP.
- The practice had increased the number of online appointments and there was a dedicated member of staff who was monitoring appointment booking system. This included the duration it takes to answer the telephone calls.
- Some patients we spoke with on the day and comment cards we received were in line with national GP survey results (based on 105 results which represented 0.50% of the practice's patient list size) findings that patients had to wait a long time to get through to the practice by telephone during peak hours in the morning.
- However, the practice had carried out an internal survey in July 2016, which was completed by 1,010

# Summary of findings

patients. This represented 4.60% of the practice's patient list. Results from the internal survey showed improved results and most of the patients were satisfied with their access to care and treatment.

- We saw that the practice CQC registration certificate was up to date.
- On the day of inspection, we noted that the ratings poster of previous CQC inspection was not displayed in the premises. The practice manager informed us they had displayed the ratings poster on the notice board near entrance but was not aware someone had removed it. However, the practice had displayed framed ratings poster within 48 hours after the inspection at four various locations in the premises.

- We noted that the previous CQC inspection report was shared on the practice's website.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Consequently we have rated all population groups as good.

**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 good for the provision of safe services.

- When we inspected the practice in November 2015 we found risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to recruitment checks and safeguarding adult training.
- At the inspection on 21 July 2016, we found the practice had reviewed their recruitment policy and developed a comprehensive recruitment checklist. We saw evidence that appropriate recruitment checks had been undertaken prior to employment.
- All clinical and non-clinical staff had completed training in adult safeguarding.

Good



### Are services effective?

The practice had taken appropriate action and is now rated good for the provision of effective services.

- When we inspected the practice in November 2015 we found 23 administration staff had not received an appraisal within the last 12 months. Some staff had not received training that included: safeguarding adults, health and safety, fire procedures and equality and diversity awareness.
- At the inspection on 21 July 2016, we found all clinical and non-clinical staff had received an appraisal within the last 12 months. The practice had placed an electronic alert on the computer system to act as a reminder for when an appraisal was due.
- We checked staff training records and noted that all clinical and non-clinical staff had received training relevant to their role. There was a dedicated member of staff responsible to monitor and organise training requirements for all members of staff.

Good



### Are services responsive to people's needs?

The practice had taken appropriate action and is now rated good for the provision of responsive services.

When we inspected the practice in November 2015, patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone each morning.

Good



# Summary of findings

At the inspection on 21 July 2016, the practice informed us they had taken number of steps to address the issues, for example;

- The practice had reviewed the appointment booking system, increased online GPs appointments from 25% to 27% and introduced 20% online practice nurse appointments.
- The practice had introduced pre-bookable online appointments (both GPs and nurses) for following day and increased the number of reception staff (answering telephone calls during peak hours in the morning).
- Some patients we spoke with on the day and comment cards we received were in line with national GP survey results (based on 105 results which represented 0.50% of the practice's patient list size) findings that patients had to wait a long time to get through to the practice by telephone during peak hours in the morning.
- However, the practice had carried out an internal survey in July 2016, which was completed by 1,010 patients. This represented 4.60% of the practice's patient list. Results from the internal survey showed improved results and most of the patients were satisfied with their access to care and treatment.
- The practice was at the advanced stages of installing a new telephone message system and new software which would link the incoming telephone call with patient's online records. For example, the system would link the patient's online record with a telephone number which would save time in dealing with a telephone query.
- The patients we spoke with on the day and comment cards we received reported that access to a named GP and continuity of care had improved. We checked the online appointment records of three GPs and noticed that the next available appointments with named GPs were available within two weeks.

# 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 practice is rated as good for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was lower (70%) than the national average (73%).
- The premises were accessible to those with limited mobility.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses.
- The practice offered chiropodist (toe nail clipping) services through external organisation.
- The practice was working closely with Burnham Health Promotion Trust and encouraging older patients to take part in community activities.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was providing diabetic eye screening, breath well clinics, physiotherapy, ultrasound and wound care clinics at the premises.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young patients.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was higher than the national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice was providing youth counselling and sexual health clinics.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was offering early morning walk-in appointments at 7.45am for working-age patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available two mornings from 7am to 8am and one evening from 6pm to 8.30pm during weekdays. The practice also offered additional extended appointments one Saturday every month from 7.45am to 11.45am.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 11 patients out of 46 patients on the learning disability register. However, the practice GPs were regularly visiting care homes and promoting health passports for patients with learning disability.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was providing a drop-in service for patients with drug and alcohol problems.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia).

- 73% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Burnham Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector.

## Background to Burnham Health Centre

The Burnham Health Centre is situated in Burnham. The practice is a purpose built premises with car parking for patients and staff. There is ramp access for patients and visitors who have difficulty managing steps. All patient services are on the ground floor. The practice comprises of 14 consulting rooms, eight treatment rooms, three patient waiting areas, administrative and management offices and meeting rooms.

There are nine GP partners, two salaried GPs, two short term locum GPs and three trainee doctors at the practice. Six GPs are female and 10 male. The practice employs two senior practice nurses, six practice nurses and four health care assistants. The practice manager is supported by practice administration manager, deputy administration manager, two senior receptionists and a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

When we inspected the practice in November 2015 we found two partners were not added on CQC registration certificate.

At the inspection on 21 July 2016, we found that the practice had responded positively to the previous CQC

inspection report and the practice CQC registration certificate was in compliance. We noted that the ratings poster of previous CQC inspection was not displayed in the premises. The practice manager informed us they had displayed the ratings poster on the notice board near entrance but was not aware someone had removed it. However, the practice had displayed framed ratings poster within 48 hours after the inspection at four various locations in the premises. We noted that the previous CQC inspection report was shared on the practice's website.

The practice has a patient population of approximately 22,000 registered patients. The practice population of patients aged between 35 and 54 years is higher than national and Clinical Commissioning Group averages and there are a lower number of patients between 15 and 29 years old.

Services are provided from following location:

Burnham Health Centre

Minniecroft Road

Burnham

SL1 7DE

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes after closing time (between 6pm and 6:30pm) by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

# Detailed findings

## 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. This inspection took place on 5 November 2015 and we published a report setting out our judgements. These judgements identified three breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 21 July 2016 to follow up and assess whether the necessary changes had been made, following our inspection in November 2015. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

## How we carried out this inspection

Before visiting on 21 July 2016 the practice confirmed they had taken the actions detailed in their action plan.

Prior to the inspection we contacted the Chiltern Clinical Commissioning Group, NHS England area team and local Healthwatch to seek their feedback about the service provided by Burnham Health Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 21 July 2016.

During our visit we undertook observations of the environment. We met with the practice manager, practice administration manager and deputy administration manager. We spoke with 25 patients and reviewed 52 comment cards where patients and members of the public shared their views and experiences of the service.

This report should be read in conjunction with the full inspection report of CQC visit on 5 November 2015.

# Are services safe?

## Our findings

### Overview of safety systems and processes

When we inspected the practice in November 2015 we found risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to recruitment checks and safeguarding adult training.

At the inspection on 21 July 2016, we found the practice had reviewed their recruitment policy and developed a

comprehensive recruitment checklist. Recruitment checks were carried out and the three staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification and address, references, qualifications, entitlement to work in the UK and registration with the appropriate professional body.

We checked staff training records and noted that all clinical and non-clinical staff had completed adult safeguarding training relevant to their role.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

When we inspected the practice in November 2015 we found 23 administration staff had not received an appraisal within the last 12 months. Some staff had not received training that included: safeguarding adults, health and safety, fire procedures and equality and diversity awareness.

At the inspection on 21 July 2016, we found all clinical and non-clinical staff had received an appraisal within the last 12 months. The practice had revised the appraisal protocol and placed an electronic alert on the computer system to act as a reminder for when an appraisal was due.

We checked staff training records and noted that all clinical and non-clinical staff had received training that included: safeguarding adults, health and safety, fire procedures and equality and diversity awareness. There was a dedicated member of staff responsible for monitoring and organised training requirements for all members of staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Access to the service

When we inspected the practice in November 2015, patients said they found it difficult to make an appointment with a named GP and had to wait a long time to get through to the practice by telephone each morning.

At the inspection on 21 July 2016, the practice informed us they had taken number of steps to address the issues, for example;

- The practice had reviewed the appointment booking system and increased online GPs appointments from 25% to 27%. These appointments were released 30 minutes before the practice opening times to reduce the pressure on the telephone system.
- The practice had introduced online practice nurse appointments, which accounted for 20% of practice nurse appointments.
- The practice had introduced pre-bookable online appointments (both GPs and PNs) for following day.
- We saw evidence that the practice was encouraging patients to register for online services. For example, 35% (7,765) patients were registered to use online Patient Access (including open access for children). This would reduce the pressure on the telephone system.
- There was a dedicated member of staff who was responsible to monitor and review the appointment booking system on a daily basis and adjusted online appointments as required.
- The practice had increased GPs telephone appointments.
- The practice had introduced two additional short term (six months) locum GPs contracts to meet the increasing demand. The practice had recruited two new salaried GPs who were about to commence employment.
- The practice offered extended hours appointments two mornings a week from 7am to 8am and one evening a week from 6pm to 8.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. The practice offered additional extended appointments one Saturday morning every month, appointments were available between 7.45am and 11.45am.
- The practice had offered additional extended hours appointments Monday to Friday evenings from 4pm to

7pm between January and March 2016 to reduce the need for emergency care and admission to secondary care during winter months. The practice had applied for CCG funding to offer the additional extended hours appointments during winter season (2016-17).

- We checked the online appointment records of three GPs and noticed that the next available appointments with named GPs were available within two weeks. Urgent appointments with GPs or nurses were available the same day.
- The practice had increased the number of reception staff (answering telephone calls during peak hours in the morning) from three to four.
- The practice was collecting and monitoring telephone calls data on computer software. We checked the online records of the incoming telephone calls from 8am to 10am. We noted that some patients had to wait from 13 to 19 minutes to get through to the practice by telephone between 8am and 8.22am (most of the phone calls were answered within five minutes between 8.22am and 10am). The practice had decided to introduce two additional staff between 8am and 8.30am to answer the telephone calls from next day after the inspection. The practice informed us they would monitor and review this arrangement after two weeks.

The practice informed us they were at final stages to introduce following changes within next four to six weeks:

- The practice was in the process of installing new telephone message system. The practice informed us they were expecting new message system to help in reducing telephone waiting times.
- The practice was in the process of installing new software which would link the incoming telephone call with patient's online records. For example, the system would link the patient's online record with a telephone number which would save time in dealing with a telephone query. This would therefore reduce the average incoming telephone call waiting times and increase the number of telephone calls the practice could answer.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Thirty seven of the 52 patient CQC comment cards we received were positive about the service experienced. Four of the 52 patient CQC comment cards we received were negative about the standard of clinical care received.

# Are services responsive to people's needs?

(for example, to feedback?)

Eleven of the 52 patient CQC comment cards we received were in line with national survey results findings that patients had to wait a long time to get through to the practice by telephone during peak hours in the morning.

We spoke with 25 patients during the inspection. The patients we spoke with on the day informed us they were able to get appointments when they needed them (if they contacted the practice early in the morning). Eighteen out of 25 patients we spoke with informed us they had to wait long time to get through to the practice by telephone during peak hours in the morning.

The national GP patient survey results published on 7 July 2016 showed mixed outcomes for the practice compared to local and the national averages. Two hundred and fifty-one survey forms were distributed and 105 were returned (a response rate of 42%). This represented 0.50% of the practice's patient list. For example:

- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 69% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 63% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 35% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 63% and national average of 59%.

- 91% of patients described the overall experience of their GP practice as good compared with a CCG average of 86% and a national average of 85%.
- 86% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 80% and a national average of 78%.

The practice had carried out an internal survey in July 2016, which was completed by 1,010 patients. This represented 4.60% of the practice's patient list. Results from the survey showed patients were satisfied with their access to care and treatment. For example:

- 84% of patients said they always or almost always or some of the time see or speak to their preferred GP.
- 61% of patients described their experience of making an appointment as easy or very easy.
- 52% of patients said they could get through easily to the practice by phone.
- 93% of patients said they usually waited 20 minutes or less after their appointment time.
- 81% of patients were satisfied with the practice's opening hours.
- 76% of patients said they normally see a GP on the same day if required urgently.
- 75% of patients said they normally see a GP or a PN same day or next day.
- 92% of patients said they normally see a GP or a PN within two to four days.
- 90% of patients said they would definitely or probably recommend their GP practice to friends and family if they moved to the local area.
- 99% of patients described the overall experience of their GP practice as good.

We saw friends and family test (FFT) results for last six months and 96% patients were likely or extremely likely recommending this practice.