

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Burnham Surgery

The Burnham Surgery, Foundry Lane, Burnham  
On Crouch, CM0 8SJ

Tel: 01621782054

Date of Inspection: 21 January 2014

Date of Publication: February  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Burnham Surgery
Registered Manager	Dr. Ram Rajesh
Overview of the service	<p>Burnham Surgery provide primary medical services for a population of approximately 9750 in the Burnham-on-Crouch area from the main surgery, and provide a satellite once a week in Fambridge. The surgery has six GP's, five nurses and three healthcare assistants. The surgery also provides a medicines dispensing service to approximately 1230 of their surgery population.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Treatment of disease, disorder or injury</p>

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

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### What people told us and what we found

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We inspected Burnham Surgery on 21 January 2014.

We saw there were notices in the waiting room to provide people with information such as health promotion, safeguarding and other support services.

People told us they experienced treatment and care that met their needs. We received positive comments from nine people about the care provided by the surgery. For example one person told us: "The care is excellent, I receive regular monitoring for my condition and advice." and another person told us: "The reception staff are very polite and tolerant, I can't praise them enough."

We saw that staff spoke politely to people and consultations were carried out in private treatment rooms.

We saw the surgery had appropriate medicines management arrangements in place.

Staff told us they were supported well and received annual appraisals as well as appropriate training and development for their roles.

We saw that both paper and electronic records held at the surgery were accurate, appropriately maintained and kept securely.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

We checked by speaking with the clinical staff and with people attending the surgery that people experienced care and treatment that met their needs.

The doctors and the nurse we spoke with updated people's medical records in the consultation notes at each appointment they had with people. We looked at the electronic medical records for ten people. We saw a consultation note had been recorded and other relevant information had been updated, for example, referrals, tests had been requested, and medication prescribed. The recording of clear and detailed information enabled continuity of care.

The electronic records also showed that there were treatment plans in place to manage long term and chronic health conditions such as respiratory disease, asthma, diabetes, and heart disease. We saw that people had been recalled to the service for regular health checks to review their condition(s) and check their repeat medication. This showed the surgery had suitable arrangements in place to monitor, manage, and treat people with long term and chronic conditions.

We asked one of the doctors to tell us how they ensured the care and treatment they provided met the needs of the people using the service. The doctor told us: "I go out to the waiting room to get the people I'm seeing in surgery. My assessment starts as soon as I see people. From the way they look, how they get up from the chair, their mood, all these things contribute before I even start to speak to people in my room. I also often back-up treatment with printed information for people to take away and read."

We asked people who were using the service to tell us if the treatment they received met their needs. One person told us: "Nothing is too much trouble for the doctor to sort out." Another person told us: "I've been coming here for years and the doctor treats me like family. The doctor always gives me time to take in the information and will explain if I can't understand the medical stuff." Another person told us: "I have a heart problem and I have

always had excellent care." These comments showed us that people felt the treatment and support they received met their needs.

There were arrangements in place to deal with foreseeable emergencies and we saw accessible emergency equipment and medication at the surgery. We also saw the checking procedures for the equipment had been made in accordance with surgery process. This demonstrated the surgery checked to ensure emergency equipment was safe for use. The provider held a current business continuity plan and could respond quickly in an emergency situation to continue and maintain the service.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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During the inspection we were invited to join a meeting at the surgery. The members of which were a community matron, a member of the community matron support team, a representative from social services, a doctor from the surgery and a member of staff from the dispensary at the surgery. The meeting was held each month to discuss those people at the surgery that the doctors were concerned may need more support or greater support than the surgery could give them alone. The doctor told us: "We get the opportunity to make multi-disciplinary decisions about the best support we can offer to people. We understand these people's circumstances and their personal background that has led them to need more support."

We were shown copies of minutes taken during these meetings, they showed the varied topics discussed. This showed the practice worked proactively and in partnership with other professionals to ensure people received continued and appropriate care.

The doctor told us the surgery had a good relationship with the local pharmacies which gave people prompt access to medication and repeat prescriptions.

The information we were given demonstrated the surgery co-operated and made suitable arrangements with other providers to protect people's health, safety and welfare when more than one provider was involved in their care and treatment.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Part of our inspection was to check the provider had appropriate arrangements in place to manage medicines safely.

We were shown the surgery repeat prescribing policy which explained the repeat prescribing process within it to guide staff when producing repeat prescriptions. The policy was up to date and had been reviewed. This showed the surgery had appropriate guidance in place for staff to follow that protected people from the risks of unsafe medicine management.

Within the surgery leaflet we saw specific advice for patients that explained the different ways that people could request a prescription. The leaflet also explained the criteria for dispensing medication to people.

The surgery had suitable arrangements in place to deal with national drug and medical device safety alerts and took appropriate action when they received them. We saw there were no outstanding actions to be taken.

We looked at the processes for storing controlled drugs. We saw they were securely stored in a locked fixed cabinet and the key was held by a nominated senior staff member. We checked the stock control register and the stock of controlled drugs, we found these correct and in date. We saw the segregation process for out of date stock and saw that the surgery procedures were being followed. We saw the process for controlled medication destruction and the kits to enable this.

We checked the emergency drugs these were correctly stored and a regular check recorded.

The quality of medicines can be affected by temperature. The dispensary room temperature and the temperature of the fridges where medicines were stored were monitored and recorded regularly. We saw records that showed temperatures were checked. The provider may like to note that although temperatures were within safe limits the records we saw on the day of our visit showed the actual temperature was not being

recorded.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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In the course of our inspection we reviewed the systems in place to support staff through training, development, and appraisal.

We looked at five sets of staff records. We saw that each member of staff had received an annual appraisal to review any development, training, or learning needs. These appraisal documents showed the surgery supported their staff with an annual development and training review and talked about any future role development.

We saw that mandatory training in the core subject of basic life support had been received and that further training and development in other subjects for example; safeguarding of adults and children, and chaperone training, had been received. The staff told us if they identified training that would support them in their work role the surgery had always allowed them to attend. This demonstrated the surgery supported staff through training and development.

Staff told us they felt supported in their role by the opportunity to talk to the practice manager or the doctor whenever they needed to raise work related issues. We were also told by staff they felt supported both inside and when a personal issue had arisen outside the work environment.

When we spoke to one of the doctors they told us: "The doctors feel it is important on a day to day basis to let the staff know they are valued at the surgery and to make them feel supported. We feel it is essential they feel that the GPs are accessible to them when they need advice and we value that day to day contact."

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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The surgery held electronic and paper medical records. The paper medical records were kept in locked cabinets in a staff office accessed by a key coded lock to ensure confidentiality and security was maintained. The electronic records could only be accessed by computer using a chipped computer access card and a secure password. This showed the surgery maintained and held both paper and electronic medical records securely and therefore confidentiality and security was maintained.

The electronic medical records that we looked at held; consultation notes, medication history, allergy information, laboratory test results, letters, X-rays, and documents from other providers, for example hospitals and opticians. We saw that the information had been updated and reviewed on the ten sets of records we looked at. This showed that accurate and appropriate records were kept in respect of each person in relation to their care and treatment. This helped to protect people's safety and wellbeing.

We spoke to people about the records at the surgery one person told us: "The computer screens can't be seen from the reception, I think security is very good, and you don't see papers and documents laid around anywhere with people's names on."

The staff records were kept in the staff office in a locked cabinet. This showed the surgery kept personal records securely.

Paper information that was scanned onto the electronic medical records was then shredded and disposed of securely in line with surgery policy.

Practice policies and procedures in paper format were in folders in the staff office and accessible to all staff members for use, and available on the computer for staff to access.

The evidence we saw showed that people were protected from the risks of inappropriate care and treatment because accurate and appropriate records were maintained.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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