

Dr Jones Sr Practice

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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 12th November 2015, we carried out a comprehensive inspection at Dr Jones Sr. The practice was rated as requires improvement overall, with requires improvement for safe and well-led and good for effective, caring and responsive services. The practice was issued with a requirement notice for improvement. We also made some advisory recommendations where the practice should make other improvements in the effective domain but these were not the subject of a requirement notice.

In particular, we found that improvements were required in relation to safeguarding procedures, staff awareness of Gillick consent, the training of chaperones, the monitoring of emergency medicines and reviews of patients on blood thinning treatments, the monitoring of uncollected prescriptions for vulnerable patients, clinical attendance at meetings, updates of NICE guidelines for clinical staff and the recording of complaints.

After this inspection the practice sent us an action plan that identified how they would achieve the improvements and the date when they would be completed. We then carried out an announced focused inspection at Dr Jones Sr Practice on 5th July 2016 to check that the necessary improvements had been made.

Our key findings across all the areas we inspected were as follows:

- The records of patients who were subject of safeguarding concerns were detailed. They included all relevant information and referenced where other agencies had been involved.
- Staff were aware of Gillick competency in relation to children under the age of 16 who wished to book an appointment without a parent or guardian being present.
- Staff had received chaperone training to ensure that they were equipped for the role. GPs recorded when a chaperone had been used.
- There was a system in place to monitor the expiry dates of emergency medicines in the practice and when carried by GPs when they were away from the practice.
- The practice ensured that vulnerable patients who had not collected their prescriptions were reviewed to ensure that they were not at risk of their health deteriorating.
- Nurses attended clinical team meetings.

Summary of findings

- National Institute for Health Care Excellence (NICE) guidance was reviewed and cascaded to clinical members of staff.
- All complaints were recorded so that any trends or themes could be identified.
- Patients requiring repeat prescriptions for blood thinning medicines were appropriately monitored before a prescription was issued.

We were satisfied that the practice had made the required improvements to justify a change of rating to good for the safe and well-led domains.

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 is rated as good for providing safe services.

Good



- We found that safeguarding records of vulnerable patients were now sufficiently detailed, identifying relevant issues and the action that had been taken.
- Staff members who acted as chaperones had received appropriate training and knew where to stand during an examination. Notes were independently made on patients records.
- There was now a system in place to ensure that emergency medicines in the practice and carried in the GP's bags were monitored to ensure they were in date.

Are services effective?

Although the practice was rated as good for providing effective services we looked at whether the practice had implemented our suggestions for improvement from the last inspection. We found that they had and their rating remains as good.

Good



- The practice is rated as good for providing effective services. National Institute for Health Care Excellence (NICE) guidance was reviewed and cascaded to clinical members of staff.
- An effective system was in place to ensure that patients requiring repeat prescriptions for blood thinning medicines were appropriately monitored before a prescription was issued.
- Staff were aware of Gillick competency in relation to children under the age of 16 who wished to book an appointment without a parent or guardian being present.
- The practice ensured that prescriptions of vulnerable patients were collected which sought to ensure that their health had not unexpectedly deteriorated.

Are services well-led?

The practice is rated as good for providing well-led services.

Good



- The governance at the practice had improved and systems were in place to identify and manage risks.
- Risks identified and managed effectively included the use of trained chaperones, managing patients on blood thinning medicine, the monitoring of the expiry dates of emergency medicines and the recording and analysis of complaints.

Summary of findings

- Nursing staff attended clinical meetings and staff spoken with felt more supported. Team meetings were frequent and staff were included in the management of the practice and learning from significant events, safeguarding and complaints was cascaded to them.

Dr Jones Sr Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Dr Jones Sr Practice

Dr Jones Sr Practice is located in East Tilbury, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 4897 patients registered at the practice.

The practice is registered with the Care Quality Commission as a partnership and there are five partners. There is one nurse working at the practice. A healthcare assistant is in the process of being recruited.

There is a practice manager and an assistant practice manager, and seven members of administrative staff, two of which are secretaries.

The practice is open from Monday to Friday between the hours of 7.30am and 5.30pm. The GP surgeries are available on Mondays, Tuesdays and Thursdays between 9am and 11.30am and 2.30pm and 4.30pm and on Wednesdays and Fridays between 7.30am and 8am for early appointments, then 9am to 11.30am and 2.30 to 4.30pm.

The practice has opted out of providing 'out of hours' services which is now provided by the South East Essex Doctors Service. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

Why we carried out this inspection

We inspected this service as a follow up inspection to check the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed the action plan sent to us by the provider. We then carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with the practice manager, assistant practice manager and a nurse.
- Reviewed records including safeguarding procedures, training certificates, team and clinical meeting minutes and the system in use for monitoring medicines at the practice.

We revisited the following questions:

- Is it safe?
- Is it effective?
- Is it well-led

We also looked at how the improvements made had impacted on the population groups as follows;

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Overview of safety systems and processes

- At our earlier inspection, we found that the records of some patients who were the subject of safeguarding concerns had not been completed in sufficient detail. This meant that the computer system did not always reflect the issues identified and the action taken to monitor or mitigate the on-going risks. However, at our most recent inspection we found that this was no longer the case. Relevant records provided a comprehensive account of interventions, dates and actions as well as detailing the relevant agencies involved. Clinical meetings were being used to discuss relevant patients which reflected that they were being effectively monitored.
- The practice provided an example of how this had benefited a vulnerable patient who had been referred to the local authority, resulting in an improvement in their circumstances and care.
- All staff who acted chaperones had undertaken training relevant to their role and we viewed certificates as evidence of that training. We spoke with one member of the nursing team who was clear about their role, knew where to stand during an examination and made independent notes in the records of patients. Staff were clear about their responsibilities. GPs also updated patient records to indicate when a chaperone had been used.
- The practice now had a robust system in place for monitoring the expiry dates of emergency medicines and those carried by GPs when away from the practice. We looked at the system in place which was a combination of manual record keeping and the use of a spreadsheet. Expiry dates of medicines were closely monitored. All the medicines we looked at on the day of the inspection were in date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- At our last inspection, it was identified that improvements should be made to ensure that there was a system to keep clinicians up to date with current evidence based standards and guidelines, including National Institute for Care Excellence (NICE) best practice guidelines. At our most recent inspection, we found that the practice had introduced a system whereby guidance was shared and discussed at team meetings and during time to learn sessions. We viewed minutes of meetings where this had taken place.

Management, monitoring and improving outcomes for people

- We found that improvements had been made by the practice in relation to monitoring patients who were prescribed blood thinning medicines. At our previous inspection, we found that the practice relied on the local hospital to inform them of any issues identified in blood

tests, rather than checking these before generating a repeat prescription. However, a system had been implemented whereby blood levels were checked prior to a repeat prescription being generated.

The practice now monitored prescriptions to ensure that these were collected in a timely manner. This included regular liaison with the local pharmacy. This sought to ensure that these were collected by vulnerable patients and to check that their health had not unexpectedly deteriorated.

Consent to care and treatment

- The practice had devised a protocol relating to Gillick competency so that reception staff knew when it was appropriate to make an appointment for a child under 16 if a parent or guardian was not present. Gillick competency is a means of assessing whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Improvements had been made following the last inspection and staff that we spoke with confirmed their understanding of this protocol and had signed it to confirm their understanding.

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

There was an improved system in place to identify, record and manage risks. The improvements made by the practice reflected that there was now a robust system in place. Safety incidents and complaints were analysed to identify areas for improvement, and the provider was now recording all complaints to ensure these were appropriately captured and actioned. We viewed records of verbal complaints that had been recorded and discussed with staff where appropriate..

We found that safeguarding records were detailed and comprehensive, and there was an effective system in place to monitor the expiry dates of emergency medicines carried in the GPs' bags.

Leadership, openness and transparency

Staff spoken with told us they felt supported by the leaders at the practice. Team and clinical meetings were taking place more frequently and staff felt involved in the day to day management of the practice. Minutes of meetings were available in hard copy and on the practice computer system.