

Dr John Davies

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

Requires improvement



Are services safe?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 18 April 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing.

We undertook this focused inspection on 3 October 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr John Davies on our website at www.cqc.org.uk.

During this inspection, we found the practice had made some improvements since our last inspection and they were meeting one of the three regulations which had previously been breached. However the provider is in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment and Regulation 17 Good Governance.

The ratings for the practice have been updated to reflect our findings. We found the practice and to require improvement in areas relating to safe and well-led.

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

- The practice had reviewed its processes and practices in place to keep patients safe and safeguarded from abuse. All clinical staff had now completed child and adult safeguarding training.
- Staff had placed a notice in the waiting room to inform patients' chaperones were available if required.
- We observed cleats had been installed to blinds in the practice to meet Department of Health guidance from February 2015 to reduce the risk of serious injury to children and adults due to entanglement.
- The practice had reviewed the actions taken in relation to fire safety and all staff had undertaken annual basic life support training in July 2016.
- The practice had purchased a defibrillator which was available on the premises along with oxygen.
- The practice had reviewed the process for reporting and recording near misses and significant events in the dispensary, which included introducing a near miss log. However, we noted staff did not consistently follow the procedure.

Summary of findings

- Standard Operating Procedures (SOPs) were in place for most aspects of medicines management (these are written instructions about how to safely dispense medicines). However, some were overdue a review and others had not been signed by relevant staff.
- The practice did not comply with The Misuse of Drugs Regulations 2001 (and subsequent amendments). Controlled drugs were stored securely, however, records did not accurately reflect the stock held in the controlled drugs cupboard on the day of our inspection.

The areas where the provider must make improvements are:

- Ensure the controlled drugs register meets the requirements set out in The Misuse of Drugs Regulations 2001 (and subsequent amendments) and regular checks of stock completed and documented.
- Ensure regular stock checks of dispensary items are performed and records kept.
- Ensure acute prescriptions are signed, as per practice policy, by the end of the day they are collected by the patient.
- Ensure the process for reporting and recording near misses and significant events in the dispensary is aligned to the practice significant event policy and learning is shared with staff.
- Ensure the review of dispensary Standard Operating Procedures (SOPs) is timely, review dates are documented and updates are shared with staff.

In addition the provider should:

- Review and introduce a procedure to review staff competency to work in the dispensary.
- Keep a record of prescription numbers received in to the practice.

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 requires improvement for providing safe services.

Requires improvement



- The practice had reviewed the process for reporting and recording near misses and significant events in the dispensary, which included introducing a near miss log. However, we noted staff did not consistently follow the procedure.
- The practice had reviewed its processes and practices in place to keep patients safe and safeguarded from abuse. All clinical staff had now completed child and adult safeguarding training.
- Staff had placed a notice in the waiting room to inform patients' chaperones were available if required.
- We observed cleats had been installed to blinds in the practice to meet Department of Health guidance from February 2015 to reduce the risk of serious injury to children and adults due to entanglement.
- The practice had reviewed the actions taken in relation to fire safety and all staff had undertaken annual basic life support training in July 2016.
- The practice had purchased a defibrillator which was available on the premises along with oxygen.
- Controlled drugs were stored securely, however records did not accurately reflect the stock levels kept. This did not comply with The Misuse of Drugs Regulations 2001 (and subsequent amendments).

Are services well-led?

The practice is rated as requires improvement for well-led.

Requires improvement



- The practice had reviewed the process for reporting and recording near misses and significant events in the dispensary, which included introducing a near miss log. However, we noted staff did not consistently follow the procedure.
- Standard Operating Procedures (SOPs) were in place for most aspects of medicines management (these are written instructions about how to safely dispense medicines). However some were overdue a review and others had not been signed by relevant staff.

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 requires improvement for older people.

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for people with long term conditions.

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for families, children and young people.

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for working age people (including those recently retired and students).

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for people whose circumstances may make them vulnerable.

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for people experiencing poor mental health (including people with dementia).

Requires improvement



Summary of findings

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Dr John Davies

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and a CQC Pharmacist specialist.

Why we carried out this inspection

We undertook an unannounced focused inspection of Dr John Davies surgery on 3 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 18 April 2016 had been made. We inspected the practice against two of the questions we ask about services: is the service safe and is the service well-led and against all of the population groups. Any changes in the rating for safe and well-led would affect the rating for all the population groups we inspected against.

During our comprehensive inspection in April 2016 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing.

During the April 2016 comprehensive inspection we found the provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users and staff. This was because the provider did not ensure:

- That arrangements were in place for the safe management of medicines.
- Prescriptions were tracked through the practice.

- Repeat prescriptions produced in the dispensary were always signed by a GP before the medicine was given to the patient.
- There was a risk assessment performed for the practice not keeping a supply of oxygen on the premises, an automated external defibrillator (AED) and stock of benzylpenicillin medicine.
- Staff did not receive regular performance reviews of their role and there was no record of child safeguarding training for a member of clinical staff since 2012.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in April 2016 had been made.

During this inspection, we found the practice had made some improvements since our last inspection and they were meeting one of the three regulations which had previously been breached. However the provider is in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment and Regulation 17 Good Governance.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and the action report submitted to us in May 2016. We also asked other organisations to share what they knew.

We carried out an unannounced visit on 3 October 2016. During our visit we spoke with the practice manager, healthcare assistant and dispensary staff.

To get to the heart of patients' experiences of care and treatment, we asked the following two questions:

Detailed findings

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

Are services safe?

Our findings

Safe track record and learning

The practice had reviewed the process for reporting and recording near misses and significant events in the dispensary, which included introducing a near miss log. We noted staff did not consistently follow the procedure. For example, we reviewed details of a prescribing error written in a notebook in the dispensary. Staff did not report this using the practice significant incident form. They were unsure if it was discussed with staff to share learning and reduce the likelihood of a similar error occurring in the future. We reviewed another incident report relating to the disruption of power to the vaccine fridge. This incident was reported on the practice significant incident reporting and captured the investigations undertaken and the outcome of the investigation.

Overview of safety systems and processes

The practice had reviewed its processes and practices in place to keep patients safe and safeguarded from abuse. All clinical staff had now completed child and adult safeguarding training.

Staff had placed a notice in the waiting room to inform patients' chaperones were available if required. Administrative staff will undertake further chaperone training on 22 November 2016.

We checked the arrangements for managing medicines at the practice and found these did not always keep patients safe. Standard Operating Procedures (SOPs) were in place for most aspects of medicines management (these are written instructions about how to safely dispense medicines). However some were overdue a review and others had not been signed by relevant staff. The practice could not assure themselves staff had read and understood these updates. For example, there was no implementation or review date on the near miss procedure. There was no record to demonstrate that the dispensing errors procedure, implemented on 26 April 2016, had been shared with staff. The last review date on the procedure for receiving stock into the dispensary was 8 March 2013.

Blank prescription forms were stored securely and staff had developed a procedure to track prescriptions through the practice.

The procedure for repeat prescribing had been reviewed in September 2016 and prescribers signed all repeat prescriptions before the patient collected their medicines. An appropriate prescriber had not signed five acute prescriptions for medicines awaiting collection within a reasonable time period. The prescriptions were produced on 11 July 2016, 1 September 2016, 12 September 2016, 22 September 2016 and 27 September 2016. We found another prescription not signed and the patient had collected the medicine. The procedure documented the prescriptions should be signed at the end of the working day.

The practice did not comply with The Misuse of Drugs Regulations 2001 (and subsequent amendments). Controlled drugs were stored securely, however records did not accurately reflect the stock held in the controlled drugs cupboard on the day of our inspection. For example, one record stated a balance of zero, but we found 104 tablets were in stock. Staff told us they carried out balance checks of controlled drugs, however they could not provide us with records to confirm these had been carried out regularly.

The practice had reviewed the procedure for storing medicines requiring refrigeration. We saw they were stored securely and appropriate records were maintained in accordance with national guidance.

Staff told us about procedures for ensuring dispensary stock was fit for use, however they did not keep written records of stock checks. We checked medicines in the dispensary and found one medicine which had expired in June 2016. This was removed from use during our visit.

Dispensary staff had received appropriate training for their role, however no ongoing checks of their competency had been undertaken by the lead GP or practice manager within the last 12 months.

We reviewed a personnel file of a new recruit to the practice after our last inspection. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

We observed cleats had been installed to blinds in the practice to meet Department of Health guidance from February 2015 to reduce the risk of serious injury to children and adults due to entanglement.

The practice had reviewed the actions taken in relation to fire safety. Records documented they had introduced a daily schedule to check fire exits and the fire alarm tested and the fire equipment was checked weekly. The practice confirmed since our visit a full fire evacuation was completed on 14 October 2016.

Arrangements to deal with emergencies and major incidents

All staff had undertaken annual basic life support training in April 2016 and the list of emergency medicines had been reviewed to ensure the practice kept a stock of benzylpenicillin. We saw the medicines were checked daily and stock list was kept with details of expiry dates.

The practice had purchased a defibrillator which was available on the premises along with oxygen. We noted the adult masks were stored with the oxygen and the child masks were kept in a separate bag with the bag valve masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

Are services well-led?

Requires improvement 

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

Our findings

Governance arrangements

The practice had reviewed its processes to monitor the training requirements of staff. They had established the mandatory training required for the different staff groups and gained access to an online training suite for GP practices. The practice manager was in the process of recording all of the training completed within a training matrix to plan future training needs. Dispensary staff had attended training appropriate for their role however no ongoing checks of dispensary competency were performed.

The practice had reviewed the process for reporting and recording near misses and significant events in the dispensary which included introducing a near miss log. However, the procedure was not consistently followed by staff.

Standard Operating Procedures (SOPs) were in place for most aspects of medicines management (these are written instructions about how to safely dispense medicines); however some were overdue a review and others had not been signed by relevant staff. This meant the practice could not assure themselves these procedures had been read and understood by staff.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the provider did not always ensure proper safe management of medicines. This is because: The practice did not comply with The Misuse of Drugs Regulations 2001 (and subsequent amendments) because controlled drugs were stored securely, however records did not accurately reflect the stock held in the controlled drugs cupboard on the day of our inspection. For example, one record stated a balance of zero, but we found 104 tablets were in stock. Staff told us they carried out balance checks of controlled drugs, however they could not provide us with records to confirm these had been carried out regularly. Not all acute prescriptions were signed on the day they were collected by the patient, as per the practice procedure. Dispensary staff had received appropriate training for their role, however no on going checks of their competency had been undertaken within the last 12 months. Staff told us about procedures for ensuring dispensary stock was fit for use, however they did not keep written records of stock checks. We checked medicines in the dispensary and found one medicine which had expired in June 2016. This was removed from use during our visit. A new standard operating procedure had been implemented in September 2016 to ensure that all repeat prescriptions were signed before being given out to patients; we found this to be the case during our visit.

Requirement notices

However, we found four acute prescriptions awaiting collection and one which had been collected by the patient which had not been signed by an appropriate prescriber within a reasonable time period.

This was in breach of Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and treatment 12(1)(2)(g).

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found the provider did not assess, monitor and improve the safety of services provided and maintain accurate records of procedures relating to dispensary activities.

This is because:

The practice had reviewed the process for reporting and recording near misses and significant events in the dispensary which included introducing a near miss log. However, the procedure was not consistently followed by staff.

Standard Operating Procedures (SOPs) were in place for most aspects of medicines management (these are written instructions about how to safely dispense medicines); however some were overdue a review and others had not been signed by relevant staff. This meant the practice could not assure themselves these procedures had been read and understood by staff.

This is in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (1)(2)(a) (b) (d)(ii).