

The Denmead Practice

Quality Report

Denmead
Waterlooville
Hampshire
PO7 6NR

Tel: 023 9223 9630

Website: www.Denmeaddoctorssurgery.co.uk

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried an announced focused inspection at The Denmead Practice on 25 May 2016.

We reviewed the management of medicines, within the key question safe. We found the practice to be good in providing safe services. Overall, the practice is rated as good.

The practice was previously inspected on 9 July 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated good overall. However, within the key question safe, management of medicines was identified as requires improvement, as the practice was not meeting the legislation at that time.

Previously we found that there were insufficient systems in place to ensure out of date medicines were identified and disposed of, there were not the appropriate records kept of Controlled Drugs as well as the way prescription pads were kept in GP emergency bags.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

Our Key findings on the areas we inspected on 25 May 2016

- Medicines were now managed correctly in the practice and staff had received training to improve their knowledge of managing medicines safely.
- Evidence included new policies and procedures which had been introduced. Auditing had become more stringent and completed more frequently and the practice had made the decision to not hold any controlled drugs on site.

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.

In line with agreed timescales the practice supplied an action plan outlining the steps they took to ensure that practices in relation to medicines management were safe. At the inspection the practice provided a range of documentary evidence to demonstrate how they had improved their practices in relation to medicines management since the last inspection. Staff were spoken with who were able to describe how medicines were now managed within the practice and talk about training they had completed which had improved their knowledge of managing medicines safely.

Evidence included new policies and procedures which had been introduced. Auditing had become more stringent and completed more frequently and the practice had made the decision to not hold any controlled drugs on site.

Good



The Denmead Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC inspector and GP Specialist Advisor.

Background to The Denmead Practice

The Denmead Practice is a dispensing practice situated in Denmead which is a rural area north of Portsmouth, Hampshire.

The practice has an NHS general medical services contract to provide health services to approximately 9,100 patients.

Appointments are available between 8.30am and 6pm from Monday to Friday. Evening appointments are also available on Mondays and Tuesdays between 6.30pm and 8pm. The practice has opted out of providing out-of-hours services to their own patients and refers them to Portsmouth Healthcare Limited via the NHS 111 service.

The mix of patients' gender (male/female) is almost half and half. Approximately 30% of patients are aged over 60 years old which is higher than the average for England. The practice is located in a semi-rural area of low deprivation.

The practice has five GP partners who together work an equivalent of 3.8 full time staff. There are three male and

two female GPs. The practice also has a nurse practitioner, two practice nurses and a health care assistant. The GPs and the nursing staff are supported by a team of eight reception staff, five administrators, three dispensing technicians, an assistant practice manager and a practice manager.

Why we carried out this inspection

We carried out this inspection to follow up on the findings of the comprehensive inspection report of July 2015 to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At the July 2015 inspection, the practice was rated good overall under the Care Act 2014. However, within the key question safe, management of medicines was identified as requires improvement, as the practice was not meeting the legislation at that time.

How we carried out this inspection

Before visiting we reviewed the information including an action plan received since the last inspection of July 2015.

Are services safe?

Our findings

Arrangements for managing medicines:

In line with agreed timescales the practice was inspected and they supplied a range of documentary evidence that demonstrated how they had improved their practices in relation to medicines management since the last inspection. The practice submitted an action plan which outlined the action taken to address the concerns. Staff spoken with were able to describe processes for managing medicines safely and how changes had been implemented and embedded within the practice.

The practice had worked with the Clinical Commissioning Group (CCG) and the local controlled drugs officer to make improvements in all areas of medicines. The dispensing practice staff and the other clinical staff who were responsible for handling medicines had updated their training to ensure that their knowledge and skills were up to date with NICE and best practice guidance.

At the previous inspection it was identified that there were insufficient systems in place to ensure out of date medicines were identified and disposed of. The practice had since we last inspected reviewed and updated policies

for the monitoring of GP bags to ensure that medicines held within them were in date. Minutes of practice meetings showed that this had been discussed at each meeting and GP's were reminded during these meetings when they needed to have their bags checked. At the previous inspection it was identified that appropriate records for controlled drugs were not kept correctly. The practice had updated their controlled drugs policy and standard operating procedures (SOPs). Staff had completed additional training in the management of controlled drugs and staff spoken with were clear about what procedures they would follow if they were required to manage controlled drugs. The practice had then taken the decision not to hold controlled drugs at the practice.

At the previous inspection appropriate management was not in place for controlled stationery related to medicines such as prescriptions. The practice had since we last inspected introduced new measures such as recording all prescriptions on patient notes and limiting the quantity of prescription pads given to GP's. There were also audits introduced to ensure that the correct numbers on the prescriptions matched the records of prescriptions given out.