

# Drs. Ferrin, Haworth & Sharief

## 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 responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Ferrin, Haworth and Sharief on 22 March 2016.

Breaches of the legal requirements were found, in that:

- The practice did not have an effective system that identified notifiable safety incidents.
- Staff did not always prescribe medicines in line with current evidence based guidance.
- The practice did not have an adequate system to monitor the use of prescription forms and pads.
- Information about how to complain was not made available to patients.

As a result, care and treatment was not always provided in a safe, responsive and well-led way for patients. Therefore, Requirement Notices were served in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 - Safe care and treatment, Regulation 16 - Receiving and acting on complaints and Regulation 17 - Good governance.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the

legal requirements in relation to the breaches. You can read the report from our last comprehensive inspection by selecting 'all reports' link for Drs Ferrin, Haworth and Sharief on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this focused inspection on 10 November 2016 to check that the practice had followed their action plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements.

Overall the practice is rated as good.

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

- There was an effective system that identified notifiable safety alerts and ensured that these were read by all relevant staff. The practice took action to address safety alerts that affected patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice had taken action to address prescribing practice and could demonstrate improvements.
- There was an effective system to monitor the use of blank prescription pads and forms.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was an overarching governance framework which supported the delivery of the strategy and good

quality care. This included arrangements to monitor and improve quality and identify risk, including prescribing practice and the management of notifiable safety incidents.

**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?

At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for providing safe services.

- There was an effective system for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not have an effective system that identified notifiable safety incidents.
- Staff did not always prescribe medicines in line with current evidence based guidance.
- Blank prescription pads and forms were stored securely. However, the practice did not have an adequate system to monitor their use.

At our focused follow-up inspection on 10 November 2016, the practice provided records and information to demonstrate that the requirements had been met. The practice is rated as good for providing safe care.

- There was an effective system that identified notifiable safety alerts and ensured that these were read by all relevant staff. The practice took action to address safety alerts that affected patients.
- The practice had taken action to address prescribing practice and could demonstrate improvements.
- There was an effective system to monitor the use of blank prescription pads and forms.

Good



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

At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for providing responsive services.

- Evidence showed the practice responded quickly to issues raised through complaints and learning from complaints was shared with staff and other stakeholders. However, information about how to complain was not made available to patients.

At our focused follow-up inspection on 10 November 2016, the practice provided records and information to demonstrate that the requirements had been met. The practice is rated as good for providing responsive care.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for providing well-led services.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, this was not always effectively implemented.
- There were arrangements to monitor and improve quality. However, this failed to ensure that all staff followed current best practice when prescribing.
- The practice did not have an effective system that identified and managed notifiable safety incidents adequately.

At our focused follow-up inspection on 10 November 2016, the practice provided records and information to demonstrate that the requirements had been met. The practice is rated as good for being well-led.

The governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, including prescribing practice and the management of notifiable safety incidents.

**Good**



# 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

At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe, responsive and well-led services and good for providing caring and effective services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 10 November 2016, we found that the practice had made improvements. The provider is rated as good for providing safe, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



### People with long term conditions

At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe, responsive and well-led services and good for providing caring and effective services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 10 November 2016, we found that the practice had made improvements. The provider is rated as good for providing safe, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



### Families, children and young people

At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe, responsive and well-led services and good for providing caring and effective services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 10 November 2016, we found that the practice had made improvements. The provider is rated as good for providing safe, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



# Summary of findings

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

Good



At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe, responsive and well-led services and good for providing caring and effective services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 10 November 2016, we found that the practice had made improvements. The provider is rated as good for providing safe, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

## **People whose circumstances may make them vulnerable**

Good



At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe, responsive and well-led services and good for providing caring and effective services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 10 November 2016, we found that the practice had made improvements. The provider is rated as good for providing safe, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

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

Good



At our previous comprehensive inspection on 22 March 2016 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement for providing safe, responsive and well-led services and good for providing caring and effective services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 10 November 2016, we found that the practice had made improvements. The provider is rated as good for providing safe, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

# Drs. Ferrin, Haworth & Sharief

## 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 practice manager specialist adviser.

## Background to Drs. Ferrin, Haworth & Sharief

Drs Ferrin, Haworth and Sharief (also known as The Red Suite Practice) is situated in Rainham, Kent and has a registered patient population of approximately 5,009. The practice population includes a larger than average proportion of older people. The practice is located in an area with a lower than average deprivation score.

The practice is situated in the Rainham Healthy Living Centre. It is accessed via a general reception and has its own dedicated reception and waiting area. All patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There is no parking for patients at the practice, with the exception of disabled parking. The practice is within easy access of public transport.

The practice staff consists of three female GPs, all of whom are partners, one practice manager and two female practice nurses, as well as administration and reception staff. The practice also directly employs two part-time locum GPs, both of whom are female, and two part-time locum practice nurses. There were no male GPs or nurses at the practice.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice is open Monday to Friday between the hours of 8.am to 6.30pm. Extended hours surgeries are offered on Monday and Friday from 7.30 to 8am and from 6.30 to 7pm most days, on request.

There is a range of clinics for all age groups. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from The Red Suite, Rainham Healthy Living Centre, 103-107 High Street, Rainham, Kent, ME8 8AA.

## Why we carried out this inspection

We undertook an announced, focused inspection of Drs Ferrin, Haworth and Sharief on 10 November 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 22 March 2016.

We inspected this practice against three of the five questions we ask about services; is the service safe, responsive and well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

comprehensive inspection had been addressed. During our visit we spoke with a GP and the practice manager, and reviewed information, documents and records kept at the practice.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system for reporting and recording patient safety alerts.

- There was a practice policy for the management of patient safety alerts.
- The practice manager was now registered to receive alerts from the Central Alerting System (CAS) a Department of Health web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance.
- The practice manager now forwarded alerts to one of the partners, who had been nominated as the practice lead for acting on patient safety alerts.
- The nominated lead now reviewed the alerts, returning those that required no action to the practice manager who retained them in a central file. Where action was required, the nominated lead forwarded the alerts to the relevant staff in the practice, and recorded details of the alert on a central spreadsheet.
- We saw evidence that staff now received relevant alerts and minutes of practice meetings where alerts were discussed.
- We looked at recent alerts and saw that these had been appropriately managed. For example, the practice had called in four patients for a review of their medication because they had received a safety alert relating to a medicine the patients had been prescribed for osteoporosis.

### Overview of safety systems and processes

The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams. The practice made efforts to ensure that prescribing was in line with best practice guidelines for safe prescribing.

- The practice had a nominated lead clinician for prescribing.
- There were now practice policies and national guidance for prescribing non-steroidal anti-inflammatory medicines and high risk antibiotics which had been circulated to the doctors at the practice.
- The practice had carried out reviews of patients prescribed non-steroidal anti-inflammatory medicines and high risk antibiotics to determine whether these had been prescribed appropriately.
- We saw minutes of meetings with the local clinical commissioning group (CCG) pharmacy teams where these reviews were discussed.
- The practice monitored prescribing data to ensure that prescribing practice was in line with best practice guidelines. For example, prescriptions of Cephalosporins or Quinolones as a percentage of all antibiotic items prescribed had reduced from 12.9% in the quarter 1 April to 30 June 2015 to 11.4% in the quarter 1 January to 31 March 2016.
- There was now a system to monitor the use of blank prescription forms and pads. We saw that the first and last serial numbers of batches of blank prescriptions were recorded on a central spreadsheet when they were allocated to staff so that the practice could monitor their use and trace any prescriptions that may go missing.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Listening and learning from concerns and complaints

The practice now had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there were now posters in the waiting room telling patients how to make a complaint. Information about complaints was included in the practice leaflet and on the website and there were copies of the local clinical commissioning group (CCG) leaflet about patients' rights and how to make a complaint.
- There were complaints forms available in reception and a box for patients to post their written complaints into if they wished.

- Information included the timescales in which complainants should expect to receive an acknowledgement and a response to their complaint, and sources of further help if they were unhappy with the response they received from the practice.

We looked at two complaints received since April 2016 and found that these had satisfactorily handled, in line with the practice policy.

- We saw minutes of practice meetings where complaints were discussed as a regular agenda item.
- The practice submitted regular data regarding complaints received to the Department of Health.
- Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, one patient's preference not to be seen by one member of staff following a complaint had been accommodated by the practice.

# 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

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures which ensured that:

- The practice now had effective systems for knowing about notifiable safety incidents and ensuring staff read national patient safety alerts and took any action required.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There was evidence of improvement in prescribing practice.
- There was now an effective system to monitor the use of blank prescription forms and pads.