

## The James Cochrane Practice

#### **Quality Report**

Helme Chase Surgery, Burton Road, Kendal, Cumbria, LA9 7HR Tel: 01539 718080 Website: www.jamescochranepractice.co.uk

Date of inspection visit: 14 March 2018 Date of publication: 12/04/2018

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.

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Overall rating for this service	Good	•
Are services safe?	Good	

## Key findings

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#### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The James Cochrane Practice on 15 September 2016. The overall rating for the practice was good, but requires improvement for providing safe services.

We carried out an announced focused inspection at the practice on 23 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 September 2016. The practice was rated as good overall, however, were rated requires improvement for providing safe services. Some of the issues raised at the inspection of September 2016 had not been addressed and there were further areas of concern. The reports on the September 2016 and May 2017 inspections can be found by selecting the 'all reports' link for The James Cochrane Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements

in relation to the breaches in regulations that we identified in our previous inspection on 23 May 2017. This report covers our findings in relation to those requirements.

The practice is still rated as good overall and now good for providing safe services. We saw that improvements had been made.

Our key findings were as follows:

• The practice had improved the arrangements for medicines management since the last inspection.

#### We also found:

- The number of patients registered at the practice had increased from approximately 16580 to 17500.
- The practice had changed the staff structure at the practice to improve accountability and had employed a different skill mix of staff, for example a senior clinical pharmacist.

#### **Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice



## The James Cochrane Practice

**Detailed findings** 

#### Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC lead inspector.

# Background to The James Cochrane Practice

The James Cochrane Practice provides Primary Medical Services to the town of Kendal and the surrounding areas to approximately a seven mile radius. The practice provides services from two locations;

- Helme Chase Surgery, Burton Road, Kendal, Cumbria, LA9 7HR,
- Maude Street Surgery, Maude Street, Kendal, Cumbria, LA9 4QE,

We visited Helme Chase Surgery as part of this inspection.

The practice dispenses medicines from both locations. This means under certain criteria they can supply eligible patients with medicines directly.

Helme Chase surgery is located in converted residential premises in a residential area of Kendal. The branch surgery at Maude Street is closer to the town centre of Kendal and is located in purpose built premises. There is step free access at the front of both buildings and a bell for patients to attract attention if they cannot manage the front doors. Some patient facilities at Helme Chase are on the first floor; however there are several consulting rooms downstairs for patients who cannot manage the stairs. There is patient parking including disabled spaces at the Helme Chase. The administration and dispensary areas have been upgraded since our previous inspections. There is roadside parking at the Maude Street branch and

arrangements can be made for patients who require disabled access to park in the staff car park at Maude Street. Since our previous inspections two additional consulting rooms have been added and the waiting area has been extended.

The practice has seven GP partners and four salaried GPs. Three are female and eight are male. Some GPs are part time; the whole time equivalent (WTE) is 7.5. There is a senior clinical pharmacist WTE 1. There are four advanced nurse practitioners WTE 3.9, three specialist nurses WTE 0.3, four practice nurses WTE 2.7 and six healthcare assistants WTE 4.1. There is a practice business manager, operations manager, patient services manager, dispensary manager, office manager and finance manager. There are seven dispensary staff WTE 5.8. There are 22 reception and administration staff WTE 19.4 and three drivers WTE 0.7.

The practice provides services to approximately 17,500 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The practice is part of NHS Morecambe Bay clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the ninth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice has lower levels of patients between the ages of 20 to 44 and higher levels of patients over the age of 65 when compared to national averages.

The Helme Chase surgery is open from 8am until 7.30pm Monday to Friday. The Maude Street surgery is open from 8am to 5pm Monday to Friday.

## **Detailed findings**

Consulting times with the GPs and nurses range from 8am to 12 noon, and 2pm until 7.20pm at Helme Chase, and 4.50pm at Maude Street. There are appointments available with other clinicians during the day, for example, with the practice nurses.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call (CHOC).

# Why we carried out this inspection

We undertook a comprehensive inspection of The James Cochrane Practice on 15 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing safe services..

We undertook a follow up focused inspection on 23 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. However, the practice was rated as requires improvement for providing safe services. Some of the issues raised at the inspection of September 2016 had not been addressed and there were further areas of concern.

The reports on the September 2016 and May 2017 inspections can be found by selecting the 'all reports' link for The James Cochrane Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 May 2017.



### Are services safe?

### **Our findings**

At our previous inspection on 23 May 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect medicines management were not satisfactory.

These arrangements had significantly improved when we undertook a follow up inspection on 14 March 2018. The practice is now rated as good for providing safe services.

#### Safe and appropriate use of medicines

- At our previous inspection we were told that medication awaiting collection in the dispensary would be removed after eight weeks and brought to the attention of the GP. We found medication awaiting collection which dated back over eight weeks. During this inspection the practice explained that they had revised the process for collections of medication from the dispensary. They had a colour coded system where a colour was assigned to each month and it was easy to identify any medication which had not been collected. The senior clinical pharmacist oversaw this process. Medications which were not collected were noted on the clinical system and then discussed with the dispensary manager to see if this needed flagging up with the GP for any vulnerability or medical issues. We checked the medication awaiting collection and none were over eight weeks old.
- Previously we saw that temperatures of vaccine refrigerators were not always recorded in accordance

- with national guidance. At this inspection we saw that arrangements had improved and records showed that refrigerator temperatures were within the recommended range for storing medicines.
- At our previous inspection we saw that some Patient Group Directions (PGDs) which are used by the practice nurses to administer vaccines had not been authorised for use by the appropriate responsible person at the practice. At this inspection we saw that the practice had compiled a standard operating procedure in relation to PGDs to improve this process. We looked at a selection of PGDs and saw they had been appropriately authorised.
- Previously we identified concerns regarding the management of controlled stationary at the practice. There was no process to track the handwritten prescription pads when used or blank computer prescription pads between the two surgeries. We saw that the practice had reviewed the process. They had disposed of the large stock of blank handwritten prescription pads as they were rarely used and the handwritten pads used were held securely and booked out to the clinician so they could be traced when used. The dispensary manager and their deputy member of staff kept a log of the loose computer prescription pads which were distributed within the practice and a similar process was carried out at the other surgery at Maude Street. Both of the processes were audited.
- The practice told us that they had significantly improved their numbers of outstanding medication reviews. A system was now in place to manage the reviews from before they became overdue.