

# Pennine Drive Practice Quality Report

Pennine Drive Practice 5-8 Pennine Drive Cricklewood London NW2 1PA Tel: 020 8455 9977 Website: www.penninedrivesurgery.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

Are services safe? 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 Pennine Drive Surgery on 27 July 2016. The overall rating for the practice was good with safe rated as requires improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Pennine Drive Surgery our website at www.cqc.org.uk.

This focused inspection was carried out on 10 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 27 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

• PGD's (Patient Group Directions) had been reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice.

- Training records including copies of all mandatory training conducted by staff outside of the practice had been maintained in staff records
- The practice had made further progress in developing quality outcome audits to ensure they were reflecting improvements over time.
- The practice had developed arrangements for monitoring the use of prescription pads in accordance with national NHS guidelines.
- Arrangements for staff appraisal had been reviewed to ensure that staff received an annual appraisal of their performance. The new system ensured that staff had their learning and development needs identified, planned and supported.
- The practice had progressed plans to audit patient consent to ensure consent recording practices were robust throughout the practice.

At our previous inspection on 27 July 2016, we rated the practice as requires improvement for providing safe services as the practice had failed to ensure that PGD's (Patient Group Directions) were reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice (a Patient Group Direction (PGD) is a written

### Summary of findings

instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). At this inspection we found arrangements for PGD's were robust and reflective of local and national guidelines. Consequently, the practice is rated as good for providing safe services. Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

### 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.

- PGD's (Patient Group Directions) had been reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice.
- Systems were now in place to monitor the use of prescription pads in line with NHS guidelines.

Good

# Summary of findings

The six population groups and what we found			
We always inspect the quality of care for these six population groups.			
<b>Older people</b> The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.	Good		
<b>People with long term conditions</b> The practice is rated as good for people with long term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.	Good		
<b>Families, children and young people</b> The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.	Good		
Working age people (including those recently retired and students) The practice is rated as good for the care of working age people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.	Good		
<b>People whose circumstances may make them vulnerable</b> The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.	Good		
People experiencing poor mental health (including people with dementia) The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.	Good		



# Pennine Drive Practice Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

### Background to Pennine Drive Practice

Pennine Drive Surgery is located in Cricklewood in the London Borough of Barnet. It is one of the 62 member GP practices in NHS Barnet CCG. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours, unplanned admissions and facilitating timely diagnosis and support for people with Dementia.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures, family planning; Maternity and midwifery services and surgical procedures.

The practice had approximately 8,750 registered patients at the time of our inspection.

The staff team at the practice includes four partner GP's (one male and three female) working both full and part time hours. The practice clinical team also includes two salaried GP's (male), and three part time practice nurses (female), and one health care assistant (female). The practice has twelve staff in its administrative team; including a practice manager. All staff work a mix of full time and part time hours. There are 35 weekly GP sessions available and 13 weekly nurse sessions.

The practice's clinical hours are:

Morning Afternoon

Monday	9.00am to 1.00pm	2.00pm to 6.30pm
Tuesday	9.00am to 1.00pm	2.00pm to 6.30pm
Wednesda	y 9.00am to 1.00pm	2.00pm to 6.00pm
Thursday	9.00am to 1.00pm	2.00pm to 6.30pm
Friday	9.00am to 1.00pm	2.00pm to 6.00pm
Saturday	Closed	
Sunday	Closed	

The practice runs extended hours on a Monday and Thursday from 6.30pm to 8.30pm and one Thursday a month from 6.30pm to 9.30pm.

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition the practice is a participant of the Pan Barnet federated GP's network: a federation of local Barnet GP practice's which was set up locally to provide appointments for patients at eight local hub practice's between 8am and 8pm; providing additional access out of hours. There is also an-out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

## **Detailed findings**

The practice has the same average percentage of people with a long standing health conditions as the national average (54%). At 82 years, male life expectancy is above than the England average of 81 years. At 85 years, female life expectancy is above the England average of 83 years.

# Why we carried out this inspection

We undertook a comprehensive inspection of Pennine Drive Practice on 27 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on 27 July 2016 can be found by selecting the 'all reports' link for Pennine Drive Practice on our website at www.cqc.org.uk.

We undertook a desk-based focused inspection of Pennine Drive Practice on 10 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.

# How we carried out this inspection

We carried out a focussed follow up inspection of Pennine Drive Practice on 10 May 2017. This involved reviewing evidence that:

• PGD's (Patient Group Directions) were in place, had been reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

### Are services safe?

### Our findings

At our previous inspection on 27 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements to ensure that PGD's (Patient Group Directions) were reviewed, signed and authorised in accordance with local and national guidelines for all nurses administering medicines at the practice needed improvement.

These arrangements had significantly improved when we undertook a focused follow up review on 10 May 2017. The practice is now rated as good for providing safe services.

#### **Overview of safety systems and processes**

When we inspected in July 2016, we found Patient Group Directions (which allow nurses to administer medicines in line with legislation) had not been correctly completed for each medicine administered by each nurse working within the practice. This therefore invalided their usage and meant that the practice nurses were not administering medicines such as childhood immunisations in accordance with legislation. Immediately following the inspection visit the practice manager provided one set of updated PGD's for one of the nurses practicing at the practice. However, this did not cover those nurses who were on annual leave and we were advised that these would be signed upon their return to the practice and in accordance with local arrangements; with the appropriate delegated authoriser. When we inspected in July 2016, we identified that although blank prescription forms and pads were securely stored, there was no system in place for monitoring their use.

We asked the provider to take action and we found at this inspection that all nursing staff working at the practice had current signed and authorised PGD's in place in accordance with local Barnet CCG and NHS guidelines. There were appropriate arrangements in place to ensure that PGD's remained up to date, signed and authorised and the practice manager was aware that any locum nurses required PGD's in place should they administer any immunisations during the course of their work at the practice. We saw evidence that PGD arrangements had been discussed with staff during team meetings to ensure processes remained effective.

At this inspection, we found that a system had been in put in place to monitor the use of blank prescription forms and pads in accordance with national NHS guidelines.