

# Dinnington Group Practice

## 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



# 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 Dinnington Group Practice on 25 May 2016, where we found the overall rating for the practice was good. At the inspection on 25 May 2016 we did not identify any breaches of regulations but found there were areas for improvement in the safe domain. We completed a further announced focused inspection on 10 May 2017 to confirm that the practice had carried out their plan to make improvements. Whilst we found some improvements had been made since the May 2016 inspection and the overall rating for the practice remained good we found the practice continued to need to make further improvements in the safe domain.

The full comprehensive report for the 25 May 2016 and the responsive report for 10 May 2017 inspection can be found by selecting the 'all reports' link for Dinnington Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We completed an announced focused inspection on 22 November 2017 to confirm that the practice had carried

out their plan to make improvements that we identified in our previous inspection on 10 May 2017. We found improvements had been made since our inspection 10 May 2017 and the practice was rated as good for safe and good overall. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice had made the following improvements :

- Repeat prescriptions were signed by an appropriate prescriber within a reasonable time frame.
- Medicines requiring refrigeration were managed safely.
- Balance checks of controlled drugs had been regularly carried out and recorded.
- The procedure for following up uncollected prescriptions had been reviewed and implemented.

**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?**

Improvements had been made since our last inspection on 10 May 2017. The practice is rated as good for providing safe services. Our key findings at our inspection on 22 November 2017 were as follows:

The practice had made the following improvements:

- Repeat prescriptions were signed by an appropriate prescriber within a reasonable time frame.
- Medicines requiring refrigeration were managed safely.
- Balance checks of controlled drugs had been regularly carried out and recorded.
- The procedure for following up uncollected prescriptions had been reviewed and implemented.

**Good**



# Dinnington Group Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector.

## Background to Dinnington Group Practice

Dinnington Group Practice serves the whole of Dinnington, Anston, Woodsetts and some of the surrounding villages at three sites. The main surgery is based in a purpose built building at The Medical Centre, also known as Anston Medical Centre.

There are two branch surgeries at the Medical Centre, New Street, Dinnington, Sheffield, S25 2EZ and Woodsetts Surgery, 2a Berne Square, Woodsetts, S81 8RJ. We visited Woodsetts and Anston sites during this inspection.

The practice provides Primary Medical Services (PMS) services for 20,970 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area across the three sites.

An on-site dispensing service is provided for approximately 1,200 patients at the Woodsetts Branch Surgery.

There are 11 partners, five female and six male, and five nurses including an advanced nurse practitioner supported by four health care assistants. Two dispensers work in the dispensary. There is a large administration team managed by a group manager, business services manager and patient's services manager.

The practice is open Monday to Friday 8am to 6.30pm.

The reception at each site is open at Dinnington and Anston surgeries Monday to Friday 8am to 6.30pm and at Woodsetts Monday, Wednesday and Friday 8.15am to 6pm and Tuesday and Wednesday 8.15am to 12 pm midday.

The practice provides a drop in clinic at the New Street site, Dinnington, Monday to Friday 8am to 10am.

Extended hours are provided at Dinnington and North Anston Surgeries on a Monday Evening: 6.30pm to 8pm.

When the branch sites are closed, telephone calls are automatically passed through to the main site. When all surgeries are closed patients are advised to call NHS 111 service. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

This is a training practice for qualified doctors intending to become General Practitioners and for hospital doctors (who may or may not go on to become General Practitioners) to gain experience in family medicine. They take student GPs and foundation doctors from Rotherham and North Nottinghamshire.

## Why we carried out this inspection

We carried out an announced comprehensive inspection at Dinnington Group Practice on 25 May 2016. The overall rating for the practice was good but with requires improvement for safety. At the inspection on 25 May 2016 we did not identify any breaches of regulations although there were areas for improvement.

We completed an announced focused inspection on 10 May 2017 to confirm that the practice had carried out their plan to make improvements that we identified in our

# Detailed findings

previous inspection on 25 May 2016. Whilst we found some improvements had been made since the May 2017 overall the practice was rated as good with requires improvement for safety and breaches of legal requirements were found.

We completed an announced focused inspection on 22 November 2017 to confirm that the practice had carried out their plan to make improvements that we identified in our previous inspection on 10 May 2017.

The full comprehensive report for the 25 May 2016 and the responsive report for 10 May 2017 and 22 November 2017 inspection can be found by selecting the 'all reports' link for Dinnington Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (Practice manager, business services manager and dispensers and practice nurse).
- Visited two practice locations
- Looked at management information the practice used to deliver care and treatment.

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 inspection on 10 May 2017 we found the management of vaccines and prescriptions was not adequate and the practice was rated as requires improvement.**

**We undertook a follow up inspection on 22 November 2017 and found improvements in the management of vaccines and prescriptions.**

### Overview of safety systems and process

At the inspection in May 2017 we found a number of prescriptions which had been dispensed or were waiting for patient collection were not signed by a GP. At the November 2017 inspection we found the practice had investigated our findings through their significant event processes. They had acted on their findings and had reviewed their protocols and further developed these to improve practice. Staff were aware of their role and the new protocols and said they now ensured prescriptions were not dispensed until they had been signed by a GP. We checked the dispensed prescriptions waiting to be collected and saw all prescriptions had been signed.

At the inspection in May 2017 we found uncollected prescriptions which were more than eight weeks old that had not been followed up in accordance with the practice protocols. At the November 2017 inspection we found the provider had investigated our findings through their significant event processes. A protocol had been developed which directed staff on the further actions to take if the prescription had not been collected within 28 days. We observed there were five dispensed prescriptions waiting to be collected which were over the 28 day period dating back to 19 September 2017. The dispenser was able to give a rationale for this. For prescriptions which were not dispensed by the practice and were waiting collection at reception a check list had been developed and implemented to ensure a check of uncollected prescriptions would be completed at least once a month. We observed the check lists had been completed as directed.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements

because of their potential for misuse), and had a procedure in place covering all aspects of their management. At the May 2017 inspection we found staff did not routinely check stock balances of controlled drugs to ensure the amounts held reflected what was recorded in the registers. At the November 2017 inspection staff told us they now checked the balance of these medicines regularly and we saw the last check had been completed on 16 November 2017. We observed records of the stock checks were maintained and we conducted a random controlled drug stock check. The stock balance records of those checked reflected the stock held on the day of the inspection.

At the inspection on 10 May 2017 we found that temperatures of fridges used for storing medicines were being recorded in line with national guidance. However, we observed temperatures outside the recommended range for the storage of vaccines had been recorded. We also found there was no evidence action had been taken by the practice such as reporting the incidents where the fridge temperatures were out of range to the appropriate agencies. At the November 2017 inspection we found our findings had been investigated and recorded through the significant event procedures and processes had been reviewed and improved and learning had been shared.

We observed improved systems were in place to ensure the medicines fridge temperatures were adequately monitored. Records had been reviewed and updated to ensure any issues with the temperatures were recorded and reported and appropriate action to minimise risk was taken. Staff confirmed they had received training and were aware of their role and reporting mechanisms. A daily task check list had been implemented as part of management monitoring processes to prompt staff to check that fridge temperatures had been completed and were in range. Additional equipment had been provided to assist staff to monitor fridge temperatures.

The NHS England screening an immunisations team confirmed the practice informed them of the issues identified following the May 2017 inspection and had worked with them to take appropriate action and to ensure the immunisation programme was maintained.