

# Donnington Medical Partnership

## Quality Report

Donnington Health Centre

Oxford

Oxfordshire

OX4 4DH

Tel: 01865 771313

Website: [www.donningtonhealthcentre.nhs.uk](http://www.donningtonhealthcentre.nhs.uk)

Date of inspection visit: We have not visited

Donnington Medical Partnership as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 05/09/2017

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

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Background to Donnington Medical Partnership	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

## Overall summary

### Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Donnington Medical Partnership on 23 November 2016 we found breaches of regulation relating to the safe care and treatment. The overall rating for the practice was good but we found the practice to require improvement for the provision of safe services. It was good for providing, effective, caring, responsive and well-led services. Consequently we rated all population groups as good. The previous inspection reports can be found by selecting the 'all reports' link for Donnington Medical Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced desktop inspection carried out on 31 July 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 23 November 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made the required improvements since our last inspection and was meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is rated as good.

Our key findings were as follows:

- Improvements had been made to medicines management processes and the administration of medicines which required authorisation from prescribers.
- The system of monitoring training had been improved to ensure when staff needed safeguarding training it was delivered.
- Calibration checks on emergency equipment was undertaken when required.

In addition to the areas we told the provider to make improvements we also asked the provider to consider making improvements in other areas. The practice had taken action as a result:

- The practice had identified 20 patients who required home visits for reviews of their long term conditions and the practice was in the process of enabling nurses to provide these.
- A new recall letter had been created and was being sent to encourage women eligible for cervical smears to undertake these. The uptake of smears had increased from 70% in 2016 to 77% in 2017.
- The practice had identified 58 patients with learning disabilities and was in the process of contacting these patients to request them to undertake health checks and reviews. At the time of inspection only five of these patients had received health checks. In July 2017 the

# Summary of findings

practice had extended the role of their practice care navigator to include patients with learning disabilities to enable visits and additional prompting for health checks.

Areas the provider should make improvements

- Increase the uptake of learning disability reviews to ensure that this group of patients receive the assessments that reduce the risk unidentified or exacerbations related to existing health problems.

**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 had taken appropriate action and is now rated good for the provision of safe services.

- Improvements had been made to medicines management processes.
- The administration of medicines which required authorisation from prescribers had been reviewed and the policy communicated with staff.
- Prescription form security had been improved.
- The system of monitoring training had been improved to ensure when staff needed safeguarding training it was delivered.
- Calibration checks on equipment was undertaken when required.

**Good**



# Donnington Medical Partnership

## Detailed findings

### Background to Donnington Medical Partnership

There has been a GP practice at Donnington Health Centre for approximately 50 years, which has been enlarged and developed over the years to cater for the changing needs of the local population. Donnington Medical Partnership is based at the centre and offer a wide range of primary care services including appointments with GPs and practice nurses, care from a range of allied professionals, and close links with district nurse and health visiting service. It is also a training practice for GP trainees and medical students.

The practice has over 14,000 patients and the practice area covers the east side of Oxford. The practice's population is ethnically diverse and its score of deprivation is six on a scale of one to ten where ten is the least deprived rating. There is a high proportion of patients with English as a second language and the practice covers areas with high rates of deprivation. The practice is able to accommodate the needs of people with disabilities and there is a disabled parking space available. The practice provides its services under a General Medical Services (GMS) contract, where the contract is directly negotiated with NHS England.

At the time of our inspection the practice's staff included seven GP partners (three males and four females), six employed GPs, four practice nurses, two health care assistants and 24 non-clinical, administration and reception staff.

The practice is open from 8am to 6pm on Monday to Friday and urgent care is available between 8am to 8.30am and 6pm to 6.30pm. Extended hours service are offered on

Saturday mornings. Out of hours services are accessible via NHS 111. Information about how patients can access these services is available on the practice's website and at the practice's entrance. In addition to pre-bookable appointments, urgent appointments are also available for people that needed them.

### Why we carried out this inspection

We carried out a previous comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 23 November 2016 and we published a report setting out our judgements. These judgements identified one breach of regulation. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a desktop review on 31 July 2017 to follow up and assess whether the necessary changes had been made, following our inspection in November 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulation that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Prior to the inspection we contacted Donnington Medical Partnership and requested information related to the

previous breaches of regulation. This was to enable CQC to review evidence of the improvements made. We also spent time reviewing information that we hold about this practice.

This report should be read in conjunction with the previous inspection report of CQC visit on 23 November 2016.

# Are services safe?

## Our findings

When we inspected the practice in November 2016, we found that not all staff had child safeguarding training relevant to their role. The practice's defibrillator had not been calibrated to ensure it would work properly since April 2015. Systems in place to monitor blank prescription forms were not effective. We found that the logs kept for blank prescriptions did not match the forms in use at the practice. This meant that the system to reduce the risk of fraud, theft and misuse was compromised. We identified that patient specific and patient group directions were not always used when required.

### Overview of safety systems and processes

We looked at a training matrix sent to us from the practice. This identified that all staff had received safeguarding children and adults training. The practice informed us that the matrix was maintained by an administrator and reviewed monthly with the practice manager. Staff were reminded accordingly when re-training was due and they were aware that a number of staff who last undertook training in 2014 were now imminently due for refresher training.

There had been changes to the management of medicines.

- The practice had reviewed and amended its procedure for receiving, storing and distributing blank prescription forms (stored in large pads), since November 2017. The new protocol directly referred to the means of recording the serial numbers of the prescriptions once received and distributed to printers. We were sent a log of prescriptions distributed to printers within the practice

and saw that they included the serial numbers of the prescription batches. There was also a receipt log showing where each of the batches of prescription pads had been circulated within the practice once received. This enabled cross referencing to ensure any missing prescriptions could be tracked. As part of the system of prescription security, a specific staff member took responsibility for the day to day control of prescription pads and this was reviewed periodically by the Practice Manager.

- Since the last inspection new documents were produced to monitor the medicines stored onsite. We saw drug checking documentation which showed that medicines were being checked consistently.
- In November 2016 we found examples of B12 injections administered before a prescription or patient specific or general direction from a prescriber had been issued. The practice informed us that the policy on patient specific directives (PSDs) and patient group directives (PGDs) had been reviewed. PSDs and PGDs are required by staff who are not qualified prescribers in order to authorise them to provide certain medicines. Staff had been informed about the policies and their responsibilities in ensuring all medicines administered to patients are done so with appropriate authorisation.

### Arrangements to deal with emergencies and major incidents

We saw evidence that equipment which required calibration was now calibrated. A list of all equipment which had been tested in June 2017 was sent to us. This included any emergency equipment which required calibration.