

# Dr N Raichura & Dr J Mehta

## 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 Dr N Raichura and Dr J Mehta on 29 June 2015. After the comprehensive inspection, the practice was rated as good with requires improvement in safe services. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr. N Raichura & Dr. J Mehta on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We undertook a focussed follow up inspection on 22 July 2016 to check that improvements had been made. The practice is rated as good for providing safe services and rated good overall.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. These included regular infection control audits and actions were taken/planned to address any improvements identified as a result.
- The practice had ensured that risks associated with dispensing medicines were robustly recorded and

mitigated. Medicines were stored securely and the security for the issue and tracking of blank prescription forms reflected nationally accepted guidelines as detailed in NHS Protect.

- The practice had ensured practice recruitment guidance included all members of staff including those classed as locums.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Chief Inspector of General Practice

# Dr N Raichura & Dr J Mehta

## 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 GP specialist adviser and a CQC pharmacy inspector.

### Background to Dr N Raichura & Dr J Mehta

Dr N Raichura and Dr J Mehta are a GP partnership based in the village of Hodnet, Shropshire. The practice has strong and historic links within the locality. The roots of the practice can be traced back to the year 1850. The GP partnership is one of longstanding; one partner has been at the practice for 28 years and the other 18 years. The practice is authorised to dispense medicines to registered patients who chose to receive medicines in this way.

The practice currently has approximately 4,000 patients registered and has a higher than national average population in all age groups above 45 years. The practice holds a contract with NHS England to provide Personal Medical Services to their registered patients.

Demographically the practice has a high proportion of registered patients who live in nursing care homes. This equates to over 150 patients in total and when compared with statistics from Public Health England the practice has three times the local, and six times the national, rate of patients who live in a nursing home. It would be expected that patients who require nursing care would increase the demand on a practice due to their increased care needs.

Two male GPs work as GP partners with a further part time GP providing locum cover. Two female practice nurses

undertake a range of nursing duties including the provision of minor illness triage, long-term condition review and cervical cytology. The administrative team of five are led by a practice manager. The practice dispensary has a manager and trained dispensers.

The practice is open from 8:30am to 1pm and 2pm to 6pm on Monday, Tuesday, Thursday and Friday and 8:30am to 12:30pm on a Thursday. During 1-2pm on weekdays the practice reception is closed, urgent requests are still accepted by telephone and responded to as necessary. The practice holds an open morning surgery weekdays between 8.30am and 9.45am. Out-of-hours and marginal cover is provided by Shropshire Doctors Cooperative Ltd (Shropdoc). Marginal cover relates to times when the practice is closed and is not in the out-of-hours period of 6:30pm until 8am on weekdays and all other times at weekends and bank holidays.

### Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr N Raichura and Dr J Mehta on 29 June 2015. After the comprehensive inspection, the practice was rated as good with requires improvement in providing a safe service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr. N Raichura & Dr. J Mehta on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out a focussed follow up inspection of this service on 22 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced focussed follow inspection on 22 July 2016. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.

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

We carried out an announced comprehensive inspection at Dr N Raichura and Dr J Mehta on 29 June 2015. After the comprehensive inspection, the practice was rated as good overall with requires improvement in providing a safe service. The inspection found that improvements were needed in the storage of medicines and that risks associated with dispensing medicines needed to be robustly recorded and mitigated. The practice also needed to improve security for the issue and tracking of blank prescription forms to reflect nationally accepted guidelines as detailed in NHS Protect. The practice's infection prevention control audit required actions to be completed and there was a need to introduce a regular practice initiated cycle of infection prevention control audits. Practice recruitment guidance needed to include all members of staff including those classed as GP locums. We found during the follow up inspection on 22 July 2016 that the practice had taken appropriate action to address these areas.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and non-clinical staff were trained to nationally accepted levels.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken or planned to address any improvements identified as a result. For example, staff were aware that wallpaper needed to be removed within the GP consulting/treatment room area to enable a washable surface in the event of bodily fluid spillage.
- The practice had employed a new member of staff for the dispensary however; they were off sick at the time of this inspection. Therefore we observed that one member of the dispensary team was alone undertaking dispensary tasks. A second member of the dispensary staff was working on the reception desk as well as providing double checks on dispensed prescriptions. Despite the extra workload, we observed that the dispensary staff worked professionally to ensure patients' medicines were dispensed safely.

## Are services safe?

- Medicines were stored safely and securely. We noted there were new up to date standard operating procedures available, which set out how medicine security was maintained or managed. The practice had undertaken a risk assessment and new security arrangements were in place.
- We checked how medicines were stored and handled in the dispensary including all medicine refrigerators located within the practice. We saw daily refrigerator temperature records were being documented which were all within safe temperature ranges for medicine and vaccine storage.
- Arrangements were in place to check medicines in the dispensary were within their expiry date. We were shown records of the regular checks, which were dated and completed by the dispensary manager. A good system of stock rotation ensured medicines were in date.
- The expiry dates of medicines kept in a doctor's bag were also recorded.
- Dispensary staff used an electronic scanner, which performed a check that the right medicine had been scanned for the right patient. A warning was displayed if items had been scanned incorrectly. This helped to identify errors before medicines left the dispensary. We saw that any significant incidents were reported directly to the practice manager. Dispensary staff were open and willing to discuss different dispensing errors, which were recorded and discussed at staff meetings. We were shown two examples where lessons had been learnt in order to protect patients from harm.
- The practice held stocks of controlled drugs (these are medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. Controlled drugs were kept in a locked secure safe, which was only accessible to appropriately authorised staff. There was a safe process in place for the issuing and dispensing of controlled drugs, which always involved two members of the dispensary staff. This ensured security and safety was maintained.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.