

# Dr A S Whitaker & Partners

## 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	
Are services effective?		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 of this practice on 31 March 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to

1. Regulation 17 HSCA (RA) Regulations 2014 Good governance.

How the regulation was not being met:

The provider did not have suitable arrangements in place to ensure staff followed policies and procedures about managing medicines.

The provider did not have suitable arrangements in place to consult national recognised guidance about delivering safe care and treatment and implement this as appropriate.

2. Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.

How the regulation was not being met:

The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.

We undertook this focused inspection on 23 November 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr AS Whitaker & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

From the inspection on 31 March 2016, the practice were told they must:

- Ensure the storage of controlled drugs are managed in accordance with the relevant legislation.
- Put in place a procedure to manage national medicines safety alerts.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure appraisals are documented.

We found that on 23 November 2016 the practice now had improved systems in place.

- The practice had ceased to store controlled drugs.
- We saw that a procedure had been put in place to manage national medicines safety alerts.
- Records we looked at confirmed that staff recruitment checks had been completed.

# Summary of findings

- We saw evidence that appraisals were documented.

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

# 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 is rated as good for providing safe services.

There had been concerns at the previous inspection about the way that medicines were managed. At this inspection we saw that improvements had been made to address the issues.

We also checked and found that the practice now had a system in place to ensure that all the necessary employment recruitment checks were undertaken.

**Good**



### **Are services effective?**

The practice is rated as good for providing effective services.

There had been concerns at the previous inspection about the lack of documentation regarding staff appraisals. At this inspection we found there was evidence of staff appraisal.

**Good**



# Dr A S Whitaker & Partners

## Detailed findings

### Our inspection team

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

A CQC Inspector carried out this focused inspection.

## Background to Dr A S Whitaker & Partners

Dr Whitaker & Partners occupy premises which are in a Grade 2 listed building in Brigg, North Lincolnshire and a branch surgery in Broughton. They have a General Medical Services (GMS) contract. They are a dispensing practice which means they may supply medicines to people who do not live near a pharmacy. There are 6707 patients on the practice list and the majority of patients are of white British background. The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice population in the 45-49 and 85+ years age groups is higher than the England average. The practice scored eight on the deprivation measurement scale. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is lower than the England average (the practice is 15.1 and the England average is 23.6). The practice has three female and two male doctors and is a partnership with four partners. There is one salaried GP. There are two practice nurses, two health care assistants and one phlebotomist. There is a practice manager, a practice finance manager and seven receptionists/dispensing staff. The practice is open Monday and Tuesday 8am - 8pm, Wednesday to Friday 8am - 6.30pm.

Appointments are available Monday to Friday 9.00am-11.00am and 2.00pm -5.30pm. Open surgeries were held weekday mornings 9am - 10.30am. Extended hours surgeries were offered 6.30pm - 7.30pm on Monday and Tuesday. Urgent appointments were also available for people that needed them. Patients requiring a GP outside of normal working hours are advised to contact NHS 111.

## Why we carried out this inspection

We undertook an unannounced focused inspection on 23 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 31 March 2016 had been made.

We inspected the practice against two of the five questions we ask about services:

Is the service Safe and is the service effective? This is because the service was not meeting some legal requirements.

## How we carried out this inspection

We carried out a follow-up inspection on 23 November 2016. We spoke with staff from the practice that were involved with or had responsibility for the management of medicines. We looked at records the practice maintained in relation to the provision of services, including recruitment, safe management of medicines and staff appraisal.

# Are services safe?

## Our findings

### Safe track record and learning

At the inspection on 31 March 2016 we reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice did not have a system to ensure national medicine safety alerts were implemented.

At the follow-up inspection on 23 November 2016 we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, national medicine safety alerts were implemented and a recent safety alert for medical equipment had resulted in the patient exchanging the faulty product for a new one.

### Overview of safety systems and processes

At the inspection on 31 March 2016 we reviewed four personnel files and found that the practice had not complied with its recruitment policy when recruiting staff. For example, there was no evidence that references had been taken up nor had identity checks been made.

At the follow-up inspection on 23 November 2016 we found that appropriate recruitment checks had been made for a recently recruited member of staff.

At the first inspection we found the storage and destruction arrangements for controlled drugs were inadequate; the practice told us they would cease dispensing medicines requiring safe custody following our visit.

At the follow-up inspection on 23 November 2016 we found that the practice no longer held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

At the inspection on 31 March 2016 we found the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet

these learning needs and to cover the scope of their work. This included ongoing support during meetings, peer support, appraisals, and facilitation and support for the re-validation of doctors.

We were told staff were having regular appraisals however no records were available.

At the follow-up inspection on 23 November 2016 we found evidence of recent staff appraisal.