

Brewood Surgery

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?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Brewood Surgery, on 26 June 2017. The overall rating for the practice was Good with Requires Improvement for providing safe services. We found two breaches of legal requirements and as a result we issued requirement notices in relation to:

Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 Safe Care and Treatment and Regulation 19 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 Fit and Proper Persons Employed).

The full comprehensive report on the 26 June 2017 inspection can be found by selecting the 'all reports' link for Brewood Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 5 April 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches that we identified in our previous inspection on 26 June 2017, and to review the action taken as a result of a recent significant event involving a dispensing error. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found that the practice had not addressed all of the concerns previously identified and therefore continues to be rated as Requires Improvement for providing safe services.

Our key findings were as follows:

- The practice had improved their staff recruitment procedures and ensured the required checks had been obtained prior to staff commencing employment. However, a risk assessment to determine if staff were eligible for a Disclosure and Barring Service check had not been carried out and documentary evidence of qualifications had not always been retained.
- The practice had reviewed and updated their business continuity plan and included staff telephone numbers in the event of an emergency.
- Staff had access to safeguarding information to include contact details for external agencies in the event of initiating a safeguarding referral.
- There was an open and transparent approach in place for reporting and recording significant events. A recent dispensing error had been appropriately reported to all relevant external agencies and an analysis of events undertaken and learning shared.
- A part-time practice pharmacist had been recruited to assist with the dispensing of medicines at the dispensing branch surgery.
- The process for receiving and documenting the action taken in response to external alerts that may affect patient safety had improved.

Summary of findings

- The provider had reviewed their systems for managing medicines and had made a number of improvements since the last inspection but these were not always effective or fully embedded in practice and did not always promote the safety of patients and others. For example, medicines and prescription stationary were not maintained securely at the branch surgery and there was no available guidance or staff training in dispensing patient's medicines at the main surgery.

The areas where the provider **must** make improvements are:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

For details, please refer to the requirement notices at the end of this report.

The provider should:

- Carry out a risk assessment to review to determine if staff are eligible for a Disclosure and Barring Service check based on their role, responsibilities and activities and to what level and obtain documentary evidence of staff qualifications.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Brewood Surgery

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 advisor, a CQC Pharmacist Specialist and a Medicines technician specialist advisor.

Background to Brewood Surgery

Brewood Surgery is registered with the Care Quality Commission (CQC) as a partnership provider operating out of a new purpose built premises in the semi-rural location of Brewood, Staffordshire. We previously carried out an announced comprehensive inspection at Brewood Surgery on 26 June 2017. The overall rating for the practice was good with requires improvement for providing safe services. The full comprehensive report on the 26 June 2017 inspection can be found by selecting the 'all reports' link for Brewood Surgery on our website at www.cqc.org.uk.

The practice holds a General Medical Services (GMS) contract with NHS England and is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group (CCG). In addition to the main location at Brewood, the practice also delivers services from two branch locations:

- Wheaton Aston Surgery located at Leabank House, The Cobbles, Wheaton Aston, Stafford, ST19 9NB. Telephone: 01785 841055
- Coven Surgery located at Coven Memorial Hall, Coven, Wolverhampton, WV9 5DL. Telephone: 01902 851475

We carried out an announced focused inspection at Brewood Surgery, the main practice site and visited the branch surgery at Wheaton Aston, which dispenses medicines to 2,706 patients. The Coven branch was not inspected as part of this visit. The practice area is one of less deprivation when compared with the local average and national average. The practice has more patients aged 50 and over and less patients aged 44 years and younger when compared to the CCG and national average.

At the time of our focused inspection the practice had 10,502 registered patients, an increase of nearly 300 patients since the last comprehensive inspection undertaken on 26 June 2017.

The practice staffing comprises of:

- Four GP partners
- Two salaried GPs
- One nurse prescriber
- One advanced nurse practitioner
- Three practice nurses
- One practice pharmacist
- Two healthcare assistants
- Five dispensary staff
- The management team, which includes the practice manager, assistant practice manager and receptionist manager who oversees the operational delivery of services supported by a team of administrative staff.

Brewood surgery is an approved GP training practice for Registrars (qualified doctors who undertake additional specialist training to gain experience and higher qualification in General Practice and family medicine). There were no registrars at the practice at the time of this inspection.

Detailed findings

The main practice at Brewood is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 7am and 8am on Monday, Tuesday and Thursday mornings and between 6.30pm and 7.30pm on Monday and Tuesday evenings. The practice is closed one afternoon each month for team training (details are available on the practice website).

Wheaton Aston Surgery is open Monday between 8am and 6.30pm and Tuesday to Friday between 8am and 5.30pm. Coven Surgery is generally open between 9am and 12 noon Monday, Tuesday and Thursday, dependant on GP availability. If patients require medical attention outside of the normal working hours they are requested to call 111 and speak to the NHS 111 Service, who will triage their call.

The provider offers a range of services and clinics. Further details about the practice can be found by accessing the practice's website at www.brewoodsurgery.nhs.uk

Why we carried out this inspection

We undertook a comprehensive inspection of Brewood Surgery on 26 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good with requiring improvement in providing safe services. The full comprehensive report following the inspection on 26 June 2017 can be found by selecting the 'all reports' link for Brewood Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Brewood Surgery on 5 April 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care, confirm whether the practice had implemented the required improvements and to review the action taken as a result of a recent significant event involving a dispensing error.

Are services safe?

Our findings

At our previous inspection on 26 June 2017, we rated the practice as requires improvement for providing safe services. This was because:

- The provider did not have an effective system in place for the proper and safe management of medicines.
- The system in place to act upon external alerts that may affect patient safety was not effective.
- Blank prescriptions were not held securely and there was no system to track prescriptions through the surgery as well as the branch.
- The dispensary had standard operating procedures (SOPs) in place. However we found that these did not have a review date or an authorised by name on them. We also found that these were not implemented fully in practice.
- A number of medicines including vaccinations were not being stored appropriately and safely at the Wheaton Aston Surgery and there were gaps in the recording of fridge temperatures.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse). Whilst dispensary staff were completing checks of CDs we found some discrepancies in the recording of controlled drugs in the register at the Wheaton Aston Surgery.
- The business continuity plan did not include staff contact numbers in the event of an emergency.
- Not all of the required recruitment checks had been obtained on new staff employed or locum GP's.

Not all of these arrangements had seen sufficient improvement when we undertook a follow up inspection on 5 April 2018. Therefore, the practice continues to be rated as requires improvement for providing safe services.

Safety systems and processes

- Staff we spoke with confirmed they had received safeguarding training, knew how to identify and report safeguarding concerns and most were aware of the designated safeguarding leads for the practice. We saw contact details for external safeguarding agencies were now accessible and staff we spoke with at the main

surgery and the branch surgery we visited knew of their location. We saw staff had access to safeguarding policies and relevant external agency contact details in the event of making a safeguarding referral.

- We found the provider had improved their staff recruitment procedures and ensured the required checks had been obtained prior to staff commencing employment. We reviewed the staff files held for two new staff employed since the last inspection in addition to the file for a GP locum. We saw the practice had now obtained information regarding the physical or mental health conditions that staff may have. Proof of identification had been obtained and qualifications checked but copies of qualifications had not always been retained. Evidence of satisfactory conduct in previous employment in the form of references had also been obtained, however two references were not dated for one staff member recruited. We were advised that these had been obtained prior to the staff member commencing work. Appropriate checks through the Disclosure and Barring Service (DBS) had been obtained for clinicians employed in addition to a locum GP. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the dispensing staff who delivered medicines to patients had not been DBS checked. We were advised that DBS checks were currently undertaken for clinical staff only however, a risk assessment had not been completed for staff performing other roles to review their responsibilities and activities to determine if staff were eligible for a DBS check and to what level.
- We saw the business continuity plan had been reviewed and updated and now included staff contact numbers in the event of an emergency.

Safe and appropriate use of medicines

The provider had systems in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). Although the practice had made a number of improvements since the last inspection these were not always effective or fully embedded in practice.

- The provider dispensed medicines to 2,706 patients from their dispensing surgery at Wheaton Aston. They

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also had a small dispensary with a limited amount of stock at the main surgery in Brewwood and dispensed on an occasional basis to a small number of patients upon request.

- The practice had reviewed and updated their prescription security procedure for the management and tracking of prescription stationary at each of its practices. The procedure identified key areas of responsibility and staff spoken with understood the procedure. Although procedures for the security of blank prescriptions held at each location overnight had improved, we found medicines and prescription stationary were not managed securely during opening hours at the dispensing branch surgery. During the inspection we spoke with the provider about our concerns and the designated GP lead immediately visited the branch surgery to review the security arrangements. Following the inspection the provider wrote to us detailing the action they were taking to ensure the security of medicines and prescription stationary and provided timescales for completion. They also advised us they were developing a policy to ensure that the security was paramount and that the practice manager would undertake weekly site visits to dispensing branch surgery to ensure procedures were being followed.
- The practice continued to participate in the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and was present at the branch one day per week and was contactable by telephone at all other times. Since the last inspection the provider had employed a part-time practice pharmacist to assist with the management of medicines. We saw meetings took place with the dispensary manager, pharmacist and designated GP.
- At the previous inspection we saw the dispensary at the Wheaton Aston Surgery had standard operating procedures (SOPs) in place. However we found that these did not have a review date or an authorised by name on them and were not implemented fully in practice. We reviewed these during this inspection and saw these had since been reviewed and updated and staff were aware of the SOPs. However, the SOP for fridge monitoring did not accurately reflect the current process. Although an SOP was available for dispensing

medicines at the branch surgery, staff at the main location only had access to brief guidance in the form of a flow chart for dispensing prescriptions and had not received specific dispensing training. The only record present in the room was a stock accounting log, which did not show the quantity of medicine dispensed or a second checking signature. The previous record of dispensing had not been retained. Since the last inspection the dedicated medicine fridge had been moved into the dispensary at the Wheaton Aston branch surgery. We saw medicines requiring refrigeration were now only being stored in the dedicated medicine fridge. Fridge temperature monitoring was recorded on line with no external record or oversight of readings except verbal assurance of the dispenser completing the task. We requested copies of the readings from the month of March 2018; however staff were not able to provide a copy on the day of the inspection. A copy of the log was later forwarded to us on 16 April 2018. This was not in line with the SOP for fridge monitoring. We saw the provider had taken action to ensure medicines were stored at the recommended room temperature at the main location by obtaining a digital room thermometer and fitting an air vent. Records reviewed showed the room temperature was monitored and had not exceeded the recommended temperature. However, room temperature monitoring of rooms containing medicines at the dispensing branch practice was not consistent, with evidence of temperatures exceeding the recommended temperatures occasionally. This included a room containing pre-packed monitored dosage packs of medicines which had already reduced expiry dates due to being removed from original packaging.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). At the previous inspection we found some discrepancies in the recording of controlled drugs in the register at the branch surgery with two CD registers held. We saw a single CD register was now in place and checked and reconciled on a weekly basis by the practice pharmacist. There was no record of disposal for returned medicines at the branch surgery or record of disposal of some medicines in control drug registers.

- We saw emergency medicines and equipment were held to treat a range of sudden illnesses that may occur within a general practice and staff we spoke with knew

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of their location. We checked the emergency medicines and equipment at both surgeries we visited. We saw these were checked weekly, although the system used for recording checks was not consistent at the main surgery. We saw emergency medicines and equipment was held in a secure area and could be easily obtained by staff in the event of a medical emergency. However, the seals used for securing the cupboard at the main surgery were not tamper evident and the replacement seals were not held in a separate location from the medicines. The provider told us they would review these arrangements in addition to ensuring appropriate signage for oxygen storage was obtained.

Lessons learned and improvements made

- The practice learned and made improvements when things went wrong. At the previous inspection we found the provider had a system for recording and acting on significant events and incidents and staff demonstrated an understanding of the procedure. At this inspection we reviewed the information held in relation to a recent

significant event involving a dispensing error. We saw the incident had been documented and reported to the relevant external agencies and immediate action had been taken to ensure patient safety. A detailed analysis of events had been undertaken by the provider and the incident shared practice wide.

- Near miss incident logs were completed by the practice pharmacist. We saw these were comprehensive, shared with staff and discussions held on the practical changes undertaken to help mitigate further incidents.
- At the previous inspection we saw the provider did not have an effective system in place to act upon medicines and equipment alerts issued by external agencies that may affect patient safety. At this inspection we saw the provider had since implemented a formal system to log, review, discuss and act on alerts and relevant searches had been undertaken to identify patients at potential risk. Action had been taken in relation to a medicines alert we reviewed.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Systems to identify, mitigate and manage potential risks to patients and others in relation to the safe management of medicines was not effective.• The security of medicines at both the main and branch surgeries to include the storage of emergency medicines was not effective.• The fridge monitoring policy did not reflect current practice and there was no oversight of fridge readings at the branch surgery except verbal assurance of the dispenser completing the task.• Processes did not ensure that all medicines were stored at the correct temperature at the branch surgery.• Staff at the main surgery did not have written guidance or training on the dispensing of medicines.• The recording of checks on emergency medicines held at the main surgery was not consistent.• Dispensing records had not been kept for the correct period of time.• There was no record of disposal for returned medicines at the branch surgery or record of disposal of some medicines in control drug registers.• Prescription stationary was not managed securely at the branch surgery.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.