

# Feltwell Surgery

## Inspection report

The Surgery  
Old Brandon Road, Feltwell  
Thetford  
Norfolk  
IP26 4AY  
Tel: 01842828481  
[www.feltwellsurgery.co.uk](http://www.feltwellsurgery.co.uk)

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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 location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions; are services effective and are services well-led. During the inspection we identified issues prompting us to also ask are services safe.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as requires improvement overall.**

We rated the practice as **inadequate** for providing safe services because the provider had not identified or mitigated the risks to patients associated with changes implemented in the prescribing system:

- The practice standard operating procedures did not require prescriptions to be authorised by a prescriber before medicines were dispensed to patients. Prescriptions were only authorised after patients had collected their medicines. For example, we saw 184 unsigned prescriptions for repeat medications, high risk medicines and controlled drugs that had already been collected by patients.
- The practice had systems and processes in place for clinical, non-clinical and dispensary staff to check that patients requesting high risk medicines or repeat prescriptions were up to date with their monitoring requirements. There was a process in place for dispensary staff to raise any concerns with clinicians by issuing tasks on the practice computer system. However, there was no process in place for ensuring these tasks were completed before patients collected their medicines.
- Prescriptions generated by nurses in the minor illness service were not always authorised by a prescriber. Nurses were appropriately trained for their role and there was a process for ensuring competence before nurses were able to see patients in the minor illness service. There were appropriate safety systems to ensure Nurses had access to GP and peer support when necessary and where a patient was referred to a GP, a

review of clinical practice was undertaken, and feedback provided. However, there was no formal process in place to regularly review clinical practice or prescribing through a formal clinical supervision or peer review process to ensure their compliance with practice prescribing policy or national clinical guidelines.

- The practice stock of emergency medicines included a controlled drug which was not securely stored in line with the Misuse of Drugs Act 1971 and subsequent regulations. The practice told us this would be removed immediately and stored securely.
- The practice recorded serial numbers for blank prescription stationery on delivery and stored them securely prior to distribution; however, there was no process in place for the recording of the distribution of blank prescription forms, their secure storage after distribution, or managing missing, returned or destroyed prescription stationery in line with guidelines.
- Dispensary staff told us that a full stock check had been completed in April 2019 but there was no evidence of this at the time of inspection. The dispensary had introduced sectional stock checks on a rolling programme which were recorded; however, this was not supported by a standard operating procedure.
- The dispensary issued medicines for some patients in monitored dosage systems (MDS); however, the practice had not assessed the risk to patients of providing medicines cut out but not separated from their foil packaging, in line with good practice.
- The dispensary had a system for reporting and reviewing incidents and near misses, however there was no formal system for reviewing and monitoring overall trends and taking action. The process in the dispensary was different to the system in the practice and it was not always clear what action had been taken.

We rated the practice as **good** for providing effective services because:

- Patients received effective care and treatment that met their needs.

We rated the practice as **requires improvement** for providing well-led services because:

- the processes for managing risks, issues and performance were not always clear and effective; the provider had not identified and mitigated the risks associated with changing their prescribing system.

# Overall summary

- There was no formal process in place to demonstrate the prescribing competence of nurses, no regular review of their prescribing practice and no formal clinical supervision or peer review process to ensure their compliance with practice prescribing policy.

We rated all population groups as **good**.

We did not inspect the practices caring and responsive services at this inspection and have used the previous ratings of **good** in making our judgement:

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

- Ensure that care and treatment is provided in a safe way.

(Please see the specific details on action required at the end of this report).

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

- Review and improve the system for the safe and secure management of blank prescription stationery.
- Review the dispensary near miss and incident reporting system and implement a formal system for reviewing and monitoring overall trends and taking action.
- Review the provision of medicines in foil packages in monitored dosage systems to identify and mitigate risks to patients.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

## Background to Feltwell Surgery

Feltwell Surgery is located at The Old Surgery, Old Brandon Road, Feltwell, Thetford, Norfolk, IP26 4AY.

The practice is registered with the CQC to carry on the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 5163 patients. The practice is part of the NHS West Norfolk Clinical Commissioning Group (CCG).

The practice is led by three GP Partners with the support of the practice manager and assistant practice manager. The clinical team includes one salaried GP, two nurses, one assistant practitioner and one advanced healthcare

assistant. The dispensary team includes one manager and one assistant manager, seven dispensers and one assistant dispenser. There is a team of eight administrative and reception staff as well as a cleaner and a delivery driver.

The practice is open between 8am and 6.30pm Monday to Friday with extended hours on a Tuesday morning from 7.30 am and Thursday evening until 7pm.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are directed to the local out-of-hours service provider via NHS 111.

The patient profile for the practice is in line with the local and national average and the practice area has a deprivation index score of 6 (1 being most deprived, 10 being least deprived).

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not ensure the proper and safe management of medicines.**