

Claverley Medical Practice

Quality Report

Spicers Close
Claverley
Wolverhampton
West Midlands
WV5 7BY

Tel: 01746 710223

Website: www.claverleymedicalpractice.co.uk

Date of inspection visit: 12 January 2017

Date of publication: 27/03/2017

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

Our inspection team	5
Background to Claverley Medical Practice	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

We carried out an announced comprehensive inspection at Claverley Medical Practice on 12 November 2015. A total of three breaches of legal requirements were found. After the focussed inspection, the practice was rated as requires improvement for being safe.

We issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Claverley Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 January 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 at our previous inspection on 12 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed. The practice had improved its procedures to ensure appropriate recruitment checks had been completed.
- Ongoing audits were driving improvement in performance to improve patient outcomes.
- Patients' needs were assessed and care was planned, and best practice guidance was followed.
- Procedures had been reviewed and systems introduced to ensure the safe management of medicine practices, which included effective procedures to monitor patients prescribed high risk medicines.
- Infection control audits had been completed and facilities improved to reflect nationally recognised guidance.
- Improvements had been made to protect patient confidentiality at the practice branch site.
- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

At our previous inspection on 12 November 2015, we rated the practice as requires improvement for providing safe services. At this inspection we found that the practice had resolved all the concerns raised and is now rated as good for providing safe services.

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 is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Emergency procedures and processes were in place and staff had received suitable training.
- Risks to patients who used services were assessed, the systems and processes to address these risks were reviewed and implemented to ensure patients were kept safe. For example:
 - Procedures had been reviewed and systems introduced to ensure the safe management of medicine practices, which included effective procedures to monitor patients prescribed high risk medicines.
 - Infection control audits had been completed and facilities improved to reflect nationally recognised guidance.
 - Effective arrangements for the assessment of the physical and mental health of potential new staff in relation to the role they planned to undertake were implemented.

Improvements had been made to improve and protect patient confidentiality at the practice branch site.

Claverley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Claverley Medical Practice

Claverley Medical Practice is registered with the Care Quality Commission as a partnership provider. The locality is one of less than half the average deprivation, when compared with the national levels. The practice has a higher number of patients aged 65 and over with 28% being of this age. This is higher than the national average for GP practices of 17%. The practice has nearly four times the national average of patients (1.9%) who live in a care setting. These factors can increase the demand on GP practices.

The practice provides care and treatment to approximately 4,400 patients and operates from two locations:

- Claverley Medical Practice (main location)
- Pattingham Branch Surgery (branch location)

The premises in Claverley were purpose built in 1986 and provides single level access for patients. The practice has plans to develop a new practice within Pattingham, which currently consists of one treatment room, dispensary and reception area. Patients with limited mobility are advised to use the Claverley location, due to steps at the Pattingham location. Both locations are authorised to dispense medicines to patients who wish to receive them in this way.

The Claverley practice is open from 8am to 6:30pm on Monday, Tuesday, Thursday and Friday and from 8am to 2pm on a Wednesday. During these times the reception desk and telephone lines are always staffed. The Pattingham practice is open from 8:30am to 1pm on Monday to Friday and 2pm to 6:30pm on a Monday, Wednesday and Thursday. During these times the reception desk and telephone lines are always staffed. At times within the week when either location is closed, patients can access the other location by telephoning or calling in person.

The practice clinical team consists of five GPs (two male, three female) giving a whole time equivalent (WTE) of 2.67, two practice nurses (WTE 1.03) and healthcare assistant (WTE 0.68). The practice administrative and dispensing team is overseen by a partner, practice manager, four medicines dispensers and seven administrative/reception staff. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Primicare, patients access this service by calling NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Claverley Medical Practice on 12 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good but requires improvement in safe. The full comprehensive report following the inspection on 12 November 2015 can be found by selecting the 'all reports' link for Claverley Medical Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Claverley Medical Practice on 12 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Claverley Medical Practice on 12 January 2017. This involved reviewing evidence that:

- The arrangements for managing medicines had improved.
- Recruitment of staff included a record of physical and mental health conditions that may affect the role they are to undertake.
- Arrangements were in place to minimise the risks to patients and staff from infection.

- Processes were in place to ensure that staff received regular assessment of their performance and development needs.
- Consideration had been given to improving confidentiality when discussions were taking place with patients in the consultation room at the branch practice.

During our visit we:

- Spoke with the lead GP, practice manager, pharmacy dispensers, reception staff and practice nurses and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

During our previous inspection in November 2015, we found that care and treatment was not being provided in a safe way for patients. This was because:

- The arrangements for managing medicines were not adequate. This was because:
 - The practice did not have arrangements in place for monitoring high risk medicines.
 - Guidance on the storage of vaccines was not followed.
 - The security and tracking of blank prescription forms did not reflect nationally accepted guidance as detailed in NHS Protect.
 - Patient Group Directives (PGDs) to support nurses to administer medicines to groups of patients were not up to date and signed by both the GP and nurses.
- The practice had not ensured that recruitment of staff included a record of physical and mental health conditions that may affect the role they are to undertake.
- The practice had not ensured that arrangements were in place to minimise the risks to patients and staff from infection.
- The practice did not have arrangements in place to ensure that staff received regular assessment of their performance and development needs.

This resulted in the practice being rated as requires improvement for providing safe services.

The visit in November 2015 also identified that conversations in the consultation room at the branch practice could be overheard.

These arrangements had significantly improved when we undertook a follow up inspection on 12 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff were instructed to report and record any accidents or near misses. Staff told us they would inform one of the GPs and the practice manager of any incidents. The incident form available 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, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw that the process for acting on medicine alerts that may affect patient safety was not fully effective.

There was a process in place for receiving safety alerts and evidence showed 15 recent alerts. The safety alerts were received and reviewed by the lead GP and discussed with the relevant staff. Discussions with the GP showed that they were aware of recent medicine alerts and staff told us that a search of all patients that may be affected by was carried out. However staff were unable to provide evidence of the action taken to identify and review patients who may be affected by the safety alerts.

We reviewed safety records, incident reports and minutes of meetings where significant events were recorded and discussed. Records we looked at showed that 14 significant events, both clinical and operational had occurred over the past 15 months. One of the events related to the dispensing of insulin (medicine to treat patients with diabetes) that was due to expire. The practice investigated this, checked all current stock and put a new system in place for checking the expiry dates of medicines stocked at the practice dispensary. Records showed that this system had been reviewed. The minutes of meetings showed that learning from events had been shared with staff. Staff we spoke with confirmed that these discussions had taken place. Records showed that significant events were followed up to ensure continuous improvements were maintained and appropriate.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. One of the GPs was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Safeguarding was a set

Are services safe?

agenda item for discussion at the weekly practice clinical meetings. The practice monitored both adults and children who made regular visits to the accident and emergency department. The practice also routinely reviewed and monitored children who did not attend hospital appointments and immunisation appointments. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The GPs were able to share examples of recent safeguarding events and the action taken to manage these. Suspected safeguarding concerns were shared with other relevant professionals such as social workers and the local safeguarding team.

- Posters advising patients they could access a chaperone were displayed in the waiting room, in the practice information leaflet and on the practice website. This ensured that different patient groups were made aware that this service was available to them. All staff had received chaperone training. Staff files showed that enhanced criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for all staff who carried out chaperone duties. 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.
- Following our inspection in November 2015 the practice had a further infection control audit carried out. We saw that the practice was proactive in addressing the recommendations made. Staff had received recent training in infection prevention and control. The practice had an infection control policy in place and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs.
- The practice had made improvements in medicine practices following the last inspection in November 2015, which included the safe management of high risk

medicines and vaccines. We reviewed medicine practices at both practice sites. The practice had reviewed its process for reviewing patients prescribed high risk medicines. We saw that an audit had been carried out following the last inspection to identify patients that had not had bloods tests as suggested in the national guidance. The audit identified 15 patients prescribed a high risk medicine used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis. The results of the audit showed that three patients had not been monitored as recommended. At the inspection we carried out a randomised check of six anonymised patient records. These showed that all patients had the required blood tests carried out and records of the results were available. We reviewed the storage and management of medicines at both the main and branch practices and found that all medicines were stored securely and were in date. There were dedicated secure fridges at both practice sites where vaccines were stored. We saw that two thermometers were in use to check the accuracy of fridge temperatures and regular checks of the temperature of the fridges were undertaken and recorded. This provided assurance that the vaccines were stored within the recommended temperature ranges. We found that an effective system had been introduced to ensure blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Specific medicine directions (Patient Group Directions for the practice nurses) were available and had all been dated and signed by the nurse and GP as required.

The practice was a dispensing practice. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For

Are services safe?

example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped to ensure that appropriate actions were taken to minimise the chance of similar errors occurring again.

- Following our previous inspection improvements had been made to staff recruitment procedures. We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. The practice had introduced structured processes for occupational health checks linked to the local hospital. This ensured that staff could declare any physical or mental health concerns that may affect their role and health checks could be carried out if required. Other checks carried out included; proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Most risks to patients were assessed and well managed. There was a health and safety policy available. Risk assessments in place to monitor the safety of the premises included gas and electric tests, control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessments and fire drills were carried out. 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 reviewed the risk of data confidentiality due to patient conversations being overheard in the

consultation room at the branch practice. Action that could be taken was limited due to location of the consulting room in relation to the patient waiting area. The practice had introduced low playing music in the waiting room to address this.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. To support this the practice had ensured that staff received regular assessment of their performance and development needs. We saw evidence that recent staff appraisals had been carried out.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 in the treatment room.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.