

Dr D J Corlett and 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 well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed follow up inspection on 6 October 2016 to follow up on concerns we found at Dr DJ Corlett & Partners at Beechfield Medical Centre, Spalding on 24 November 2015. The inspection in November 2015 was to ensure that improvement had been made following our inspection in February 2015 when breaches of regulations had been identified. The inspection in November 2015 found breaches of regulation and rated the practice as requires improvement overall, specifically in safe and well-led services.

At the inspection on 6 October 2016 we found that overall the practice had implemented changes and that the service was meeting the requirements of the regulations. The ratings for the practice have been updated to reflect our findings following the improvements made since our last inspection in December 2015; the practice is now rated as good overall.

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

- The system for reporting, investigating and learning from significant events had been strengthened.

- Systems policies and procedures were in place and accessible to all staff.
- Learning from complaints was documented and shared with all staff at practice meetings. An annual review had identified themes and trends.
- Staff had appropriate policies and guidance to carry out their roles in a safe and effective manner such as nurse protocols.
- There was a system in place to ensure that patients are safeguarded from abuse and improper treatment.
- Audits had been completed in relation to the quality of their dispensing service.
- Patient Group Directions were in place and had been appropriately completed.
- Infection control audits had taken place and action plans showed actions completed.
- There was a risk assessment in place relating to the control of substances hazardous to health (COSHH).

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 now rated as good for providing safe services.

Our last inspection in November 2015 identified concerns relating to safeguarding and sharing and learning of lessons learned from safety incidents and significant events.

At this inspection we saw the concerns had been addressed:

- The practice had an effective process for sharing and learning from incidents and complaints. We saw that annual reviews included trends and themes and discussions with the whole team were taking place to support improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Good



Are services well-led?

The practice is now rated as good for providing well-led services.

Our last inspection in November 2015 identified concerns relating to nurse protocols and some systems and processes such as significant events, complaints, safeguarding and triage.

At this inspection we saw the concerns had been addressed

Practice specific policies were implemented and were available to all staff. We saw that these were reviewed and were accessible to all staff on the practice intranet as well as in paper format.

- The practice had nurse protocols in place that were appropriate, dated and reviewed. Systems and processes had been improved and developed, such as those for dealing with significant events and complaints and safeguarding.
- The process of nurse triage which was previously in place was no longer in use and patients were triaged by the duty GP.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Dr D J Corlett and Partners

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.

This report should be read in conjunction with the full inspection report.

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

- Is the service safe?
- Is the service well led?

Why we carried out this inspection

We undertook an announced focussed inspection on 6 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspections in February and November 2015 had been made. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

The focused inspection of this service was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection is planned to check whether the provider has made the necessary improvements and is meeting the legal requirements in relation to the regulations associated with the Health and Social Care Act 2008.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the regulations associated with the Health and Social Care Act 2008 included within this report.

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 visit on 6 October 2016. During our visit we:

- Spoke with a range of staff.
- Requested information in relation to significant events be sent prior to the inspection.
- Reviewed information given to us by the practice, including audits, policies and procedures.
- Reviewed documents relating to safeguarding.
- Reviewed audits.

Are services safe?

Our findings

When we inspected in November 2015 we identified concerns relating to safeguarding and sharing and learning of lessons learned from safety incidents and significant events. At this inspection we found the practice had made significant improvements to address the concerns previously identified.

Safe track record and learning

At the inspection in November 2015 we found that there was a system and procedure in place for significant events and improvements had been made with the introduction of a more structured system including meetings to discuss significant events but we found further improvement was required.

At this inspection we saw that there was an updated system in place for significant events, including reviews. We noted that actions had been completed and review dates had been added to ensure that the actions were embedded. All significant events were shared at full practice meetings with detailed minutes available for any staff to look back on that were unable to attend.

Overview of safety systems and processes

At the inspection in November 2015 we found that there was a lack of oversight by the safeguarding lead. They were not aware how many children were on the risk register for safeguarding and child protection and the list was not up to date. There were no multi-disciplinary safeguarding meetings taking place.

At this inspection we saw an effective process in place for safeguarding with a staff member working alongside the lead GP to update the list of children on the risk register for safeguarding and also other vulnerable groups such as those with a learning disability and dementia. The practice had taken the lead for multi-disciplinary safeguarding meetings and we saw evidence that other staff were invited such as the health visitors, social services and community nursing staff.

At the inspection in November 2015 we found that the practice had not put an action plan in place following an infection control audit so therefore we were unable to ascertain if the actions had been completed. The practice was signed up to the Dispensing Services Quality Scheme

(DSQS) to help ensure processes were suitable and the quality of the service was maintained, however, we had noted that the practice had not recently conducted audits of the quality of their dispensing service.

At this inspection we saw that each audit completed had an action plan attached and that actions were completed, such as replacement bins and new policies and procedures been written. We also saw that the dispensing service had audited the quality of their dispensing service and an action plan had been completed. There were further audits planned around the quality of the dispensing service such as the online repeat prescribing system that was planned for 2017.

At the inspection in November steps had not been taken to reduce the risk of vaccine refrigerators being disconnected from power sources. Also, the practice did not keep records of expiry date checks in the dispensary or for refrigerated vaccines in clinical areas.

At this inspection we saw that the practice had covers fitted to the power sources to prevent the refrigerators being disconnected accidentally and that the practice recorded the expiry dates and had a register to record these.

At the inspection in November 2015 the system the nurses used to administer vaccines and other medicines, patient group directives (PGDs) were not signed by relevant members of the nursing team and authorised. Patient group directions (PGDs) are specific written instructions for the supply or administration of a licensed named medicine including vaccines to specific groups of patients who may not be individually identified before presenting for treatment.

At this inspection we saw that these were all in place with each staff member having their own copy that was signed and authorised appropriately.

Monitoring risks to patients

In November 2015 there were some procedures in place for monitoring and managing risks to patient and staff safety. There was no risk assessment in place for the control of substances hazardous to health (COSHH).

At this inspection we saw that there was now a risk assessment in place for COSHH and an audit had taken place on this, with actions recommended and completed.

Are services safe?

At the inspection in November 2015 there had been concerns as there was no triage protocol on place for the nurses to follow and that some staff had not been trained in triage.

At this inspection we were told that the nurse triage system was no longer in operation as this had not improved the patient appointments and therefore the patients if necessary were triaged by the GPs.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

At the inspection in November 2015 we looked at the nurse protocols and found that two had no date or evidence that they had been reviewed, for example, hypertension and cardiovascular disease and one did not give staff any guidance, for example, chronic kidney disease. The system for dealing with significant events and complaints had improved but required further development.

At this inspection we looked at the nurse protocols and found them to be dated with evidence that they had been reviewed. They were template based with links and references to National Institute for Health and Care Excellence best practice guidelines. These were all accessible to staff in paper form or on the practice intranet. We looked at protocols including those for hypertension,

cardiovascular disease and chronic kidney disease which included guidance and flow charts to follow and were dated to show they had been reviewed within the past 12 months.

We also found that the system for dealing with significant events and complaints was effective and we saw a detailed annual review of complaints, identifying the themes and trends. The practice had purchased a new telephone system which was to improve patient experience of contacting the practice by telephone following a problem identified in the complaints. We were told the annual review and trend analysis would be replicated for significant events. The practice had revamped all the documentation to help with actions identified and evidence sharing with other staff and stakeholders.

We saw detailed practice meetings which covered governance topics as well as infection control, training, safeguarding, significant events and complaints, in addition to practice performance.