

# Penkridge Medical Practice

## Quality Report

Pinfold Lane  
Stafford  
Staffordshire  
ST19 5AP

Tel: 01785 712300

Website: [www.penkridgemedicalpractice.nhs.uk](http://www.penkridgemedicalpractice.nhs.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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Penkrigde Medical Practice on 7 June 2016. The overall rating for the practice was Good with requires improvement in providing safe services. The full comprehensive report on the 7 June 2016 inspection can be found by selecting the 'all reports' link for Penkrigde Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 17 May 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 in our previous inspection on 7 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

- Significant events were recorded, shared with staff and audited to identify trends.

- Patients had been made aware of how to raise complaints. Complaints were recorded and monitored to identify trends.
- Systems and processes had been implemented to identify patients who were vulnerable adults.
- There was a system in place for tracking blank prescriptions throughout the practice.
- Appropriate recruitment checks had been carried out.
- Staff had completed fire training.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Add alerts to the practice's computer system to inform staff if a patient is a vulnerable adult.
- Implement their significant events policy to ensure that staff who do not attend staff meetings are made aware of the learning from significant events.

**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.

- Systems and processes had been implemented to identify and uniquely code patients who were vulnerable adults.
- Blank prescriptions were tracked throughout the practice.
- Appropriate recruitment checks had been carried out.
- Significant events were recorded, shared with staff and audited to identify trends.
- Fire training had been provided to all staff.
- Patients had been made aware of how to raise complaints. Complaints were recorded and monitored to identify trends.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Add alerts to the practice's computer system to inform staff if a patient is a vulnerable adult.
- Implement their significant events policy to ensure that staff who do not attend staff meetings are made aware of the learning from significant events.

# Penkridge Medical Practice

## Detailed findings

### Our inspection team

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

a Care Quality Commission (CQC) lead inspector.

## Background to Penkridge Medical Practice

Penkridge Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. It is a member of the Stafford and Surrounds Clinical Commissioning Group (CCG). Penkridge Medical Practice is located in a semi-rural location in Stafford and the premises are purpose built, providing services over two floors. A lift is available to support patients with mobility difficulties. A pharmacy is attached to the building and third party providers work from the premises to include a number of other health and social care professionals.

The practice area is one of low deprivation when compared with the national and local CCG area. At the time of our inspection the practice had 9994 patients. The practice has a higher than average over 65 years population of 25% in comparison with the CCG average of 22% and national average of 17%. The percentage of patients with a long-standing health condition is 58% which is slightly higher than the local CCG average of 55% and the national average of 53%. The practice is a training practice for recently qualified doctors to gain experience in general practice and family medicine.

The practice staffing comprises of:

- Five GP partners, two male and three female.
- A female salaried GP.
- Three practice nurses and three health care assistants.
- A practice manager.
- A deputy practice manager.
- A team of secretaries, administrators and receptionists working a range of hours.

The practice is open from 8am to 6.30pm on a Monday, Tuesday and Friday and from 8am to 7.45pm on a Wednesday and Thursday. The practice is closed from 12pm to 2pm on a Thursday for staff training. Consultation times with GPs are available in the mornings from 8.30am to 11.30am and in the afternoon from 3pm to 6pm. Consultation times with nurses are available in the mornings from 8.30am to 12pm and in the afternoons from 3pm to 6.10pm. Phlebotomy appointments are available from 8.30am to 11am and from 2pm to 3.40pm.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111. The nearest hospital with an A&E unit is the County Hospital, Stafford but this is not a 24-hour service. The nearest minor injuries hospital is in Cannock.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Penkridge Medical Practice on 7 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for providing safe services. The

# Detailed findings

full comprehensive report following the inspection on 7 June 2016 can be found by selecting the 'all reports' link for Penkridge Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Penkridge Medical Practice on 17 May 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

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced focused inspection on 17 May 2017. During our inspection we:

- Spoke with the practice manager.
- Reviewed protocols and looked at information the practice used to deliver care and treatment.

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

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing safe services. This was because:

- Systems for managing significant events and complaints were not effective.
- There was no system in place for coding patients who were vulnerable adults.
- Systems were not in place to track blank prescriptions throughout the practice.
- Systems were not in place to monitor the expiry dates of controlled medicines.
- Recruitment checks for staff did not meet legislative requirements.
- Some staff had not received fire training.

These arrangements had significantly improved when we undertook a follow up inspection on 17 May 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Fifteen significant events had been recorded and analysed over a 12 month period. Each of the significant events had been categorised to monitor and identify trends and discussed at practice education meetings.
- Minutes of the staff meetings recorded that learning from significant events had been shared and discussed with all staff. However, the minutes did not contain details of the learning from significant events meaning if a member of staff missed a meeting they did not receive this information. The practice manager amended the significant events policy on the day of the inspection to ensure there was a system in place to address this issue.

A system for handling complaints and concerns was in place.

- Information was available to help patients understand the complaints system. Information about how to

complain was available on the practice's website and the practice had worked with the patient participation group to update the complaints form. We saw that the complaints forms were readily available in the reception area for patients to access.

- Complaints were a standard agenda item at the partners' monthly meetings. An analysis of complaints had been carried out since our previous inspection to identify trends and action had been taken as a result to improve the quality of care.

### Overview of safety systems and process

- Effective systems had been put in place to identify patients who were vulnerable adults. We saw that 27 patients had been uniquely coded as a vulnerable adult in the practice's computer system. However, alerts on patients' electronic records were not in place to inform staff if a patient was a vulnerable adult.
- A system for tracking blank prescriptions throughout the practice had been implemented in line with national guidance.
- Controlled medicines were no longer held at the practice.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment for reception staff and locum GPs. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) check. 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. DBS checks had not been carried out for non-clinical staff which was in line with the practice's risk assessment within their recruitment policy.
- Records held at the practice showed that all staff had received up to date fire training.