

Dodworth medical practice

Inspection report

High Street
Dodworth
Barnsley
South Yorkshire
S75 3RF

Tel: 01226 208999

www.apollocourtmedicalcentre.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 location

Inadequate



Are services safe?

Inadequate



Overall summary

On 10 and 13 July 2018 we carried out a full comprehensive inspection of Dodworth medical practice. This resulted in the practice being placed in special measures and Warning Notices being issued against the provider on 1 August 2018. The Notices advised the provider that the practice was failing to meet the required standards relating to Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance and Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

On 11 September 2018 we undertook a focused inspection to check that the practice had met the requirements of the Warning Notice for Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that although some improvement had been made and some systems had been introduced further improvements were still required to ensure that safety was maintained.

In particular we found that:

- The cold chain was now being appropriately managed and medicines were in date.
- The repeat prescribing policy had been reviewed and reflected the local Clinical Commissioning Group guidelines.
- The system to monitor paper and electronic correspondence through the practice had been reviewed and was being monitored. Actions were now being managed within the time frames allocated by the provider.

- Security of blank prescriptions had been reviewed and these were now tracked through the practice.
- The practice had reviewed the system for recording significant events. However, we found that there were still further improvements to be made to this system as not all staff completed the forms and the relating policy or procedure were not routinely reviewed as part of the investigatory process.
- A new system was in place for safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA).
- A fire risk assessment of the premises had been completed and the provider had arranged for a legionella, infection prevention and control and health and safety risk assessments to be completed in September 2018.
- Administrative and reception staff had not undertaken infection prevention and control training, this was scheduled for 19 September 2018. Clinical and medical staff had undertaken the appropriate level of child safeguarding training.
- The provider was in the process of establishing staffs immunisation status in line with the guidance 'immunisation against infectious diseases ('The Green Book' updated 2014).

The rating awarded to the practice following our full comprehensive inspection on 10 and 13 July 2018 of 'inadequate' remains unchanged. The practice will be re-inspected in relation to the Warning Notices for regulation 17 and 19 and the overall inadequate rating in the future.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector, a GP specialist adviser and a second CQC inspector.

Background to Dodworth medical practice

Federated General Practice Partnership Limited registered with the Care Quality Commission (the Commission) in October 2017 to provide services at Dodworth medical practice, High Street, Dodworth, Barnsley, S75 3RF for 5,486 patients. Further information can be found on the practice website www.apollocourtmedicalcentre.nhs.uk.

The two Directors of Federated General Practice Partnership Limited have other separate provider registrations with the Commission.

Dodworth medical practice (located within Apollo Court Medical Centre) is situated in centre of the village of Dodworth. The catchment area, which includes villages local to the surgery, is classed as within the fifth less deprived areas in England. Income deprivation indices affecting children and older people are experienced less in this area compared to local and national averages. The practice population is similar to that of others in the area, however, there are more patients registered here over the age of 65 years old.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS 111 service.

There is one male sessional GP who works four sessions a week, a long term GP locum who works six sessions a week and three long term locums who work at the

practice one day a week. GP sessions on Fridays are covered by locums. There is a part-time male advanced nurse practitioner who works three days a week, a practice nurse who works four days a week and a healthcare assistant. A practice manager works at the practice three days a week and there is a team of administrative and reception staff. A group practice director, a healthcare assistant and a senior receptionist from another organisation also work at the practice.

The practice opening hours are from 8am to 6.30pm Monday to Friday with appointments available on Tuesday evening until 8pm.

Appointments are also available with GPs and practice nurses at the i-Heart Barnsley service between:

- 6pm and 10pm on weekdays
- Saturday, Sundays and bank holidays from 9am to 1pm.

Federated General Practice Partnership Limited is registered with the Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Surgical procedures

Are services safe?

We did not inspect the safe domain in full at this inspection. We inspected only the issues detailed in the Warning Notice issued, by the Commission, on 1 August 2018.

At this inspection we found:

We saw a procedure was in place for the safe storage of medicines requiring refrigeration and maintenance of the cold chain. Staff had been trained to check medicine refrigerator temperatures. We were satisfied the cold chain was now being appropriately managed and medicines were in date.

The provider had reviewed the prescribing processes and shared with us a repeat prescribing policy although two prescribers we spoke with told us they had not previously seen the document. We were told the number of days of medicine a patient was prescribed had been reviewed in line with the local Clinical Commissioning Group guidelines.

The provider showed us the system implemented to monitor paper and electronic correspondence through the practice. A weekly situational report was produced and shared with the directors and managers. A member of staff had oversight of the system and logged on daily to ensure correspondence was being actioned and tasks could be shared between staff groups if they were building up. All actions were managed within the time frames allocated by the provider on the day of our visit. A written procedure for staff to follow had not yet been developed.

A system had been implemented to track prescriptions securely through the practice. We saw the system reflected NHS Protect guidance: Security of prescriptions guidance.

We were shown a copy of the significant event reporting form. It did not include a section to record actions taken as per duty of candour. We raised an incident with the provider at the last inspection relating to the security of patients records. The provider told us they had interviewed the member of staff to determine the facts but this had not been reported and recorded as an incident. We were

shown three incidents which had been reported since our last inspection. They lacked clarity of investigations undertaken and learning identified. Policies and procedures were not routinely reviewed as part of incident investigation and analysis. Some GP staff told us they did not complete incident forms and they would pass their concerns on to the manager. We were told incidents were discussed with the relevant staff and reviewed at clinical meetings.

The system to review alerts, including Medicines and Healthcare products Regulatory Agency (MHRA), had been reviewed. They were distributed to clinical staff to action where appropriate. The July newsletter highlighting MHRA alerts was available in a folder and we saw from the minutes had been discussed at a clinical meeting. We reviewed a recent alert in relation to Sodium Valproate and noted action had been taken and was overseen by the practice pharmacist.

A local fire risk assessment had been completed and the provider had scheduled legionella and health and safety risk assessments to be completed by an external provider and the landlord in September 2018.

Administrative and reception staff had not undertaken infection prevention and control training, this was scheduled for 19 September 2018. Clinical and medical staff had undertaken the appropriate level of child safeguarding training.

The provider had arranged for an external resource to review and complete the infection prevention and control audit in September 2018. The provider had asked the nursing team for evidence of their immunisation status and was in the process of asking administrative and reception staff, in order to comply with in line with the guidance 'immunisation against infectious diseases' ('The Green Book' updated 2014).

Please refer to the Evidence Tables for further information.