

# Debenham Group Practice

## Quality Report

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Date of inspection visit: 22 May 2017

Date of publication: 06/06/2017

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Debenham Group Practice on 18 August 2016. The practice was rated as good overall with a rating of requires improvement for providing safe services. As a result of the findings on the day of the inspection the practice was issued with a requirement notice for Regulation 12 (Safe care and treatment). You can read our findings from our last inspections by selecting the 'all reports' link for Debenham Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 22 May 2017 to confirm that the practice had carried out the improvements needed to meet the legal requirements in relation to the breaches in regulations identified in our previous inspection on 18 August 2016. This report covers our findings in relation to those requirements.

The key findings from our inspection on 22 May 2017 were as follows:

- The systems and processes to ensure patients taking high risk medicines had been monitored appropriately had been improved.

- Two GP partners had taken a lead role in quality improvement and regular audits to monitor quality had been performed. We noted that this had led to more discussions amongst the clinical staff to further improve the electronic summaries of medical records.
- We found the practice had significantly improved the process to ensure that patients affected by national patient safety alerts were identified and their treatment reviewed in response to the alert. We reviewed the practice log which detailed the alert received and actions taken.
- Security arrangements had been implemented for blank prescription forms; pads were securely stored and there were systems to monitor their use.
- The practice had implemented a standard operating procedure for carrying out and recording stock checks of controlled drugs in line with national guidance and we saw that regularly stock checks of controlled drugs were recorded and where necessary actions taken.
- We also noted that, since our last inspection, the practice had made additional improvements. For example, a bar code scanner had been introduced in the dispensary to improve the dispensing process

# Summary of findings

and dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines, for example controlled drugs.

- A weekly news briefing was sent to all staff alerting them to updates, reminders, training, and news.

**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?**

Our focused inspection on 22 May 2017 found that;

- The system in place to ensure that patients who were prescribed high risk medicines had the necessary monitoring to support safe prescribing had been improved.
- The practice had undertaken audits to ensure that GPs saw all clinical correspondence that required a clinical opinion.
- The process to identify patients affected by national safety alerts and to ensure their treatment was reviewed in response to the alert had been improved. A detailed log was kept ensuring that the alert was acted upon and monitored.
- Security arrangements had been implemented for blank prescription forms; pads were securely stored and there were systems to monitor their use.
- The practice had implemented a standard operating procedure for carrying out and recording stock checks of controlled drugs in line with national guidance and we saw that regularly stock checks of controlled drugs were recorded and where necessary actions taken.

**Good**



# Debenham Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser.

## Background to Debenham Group Practice

The Debenham Group Practice is situated in Debenham, Suffolk. The practice area extends into the 43 outlying villages, has three surgery sites, and dispenses medicines to patients who live in these villages. The practice offers health care services to 8736 patients and has consultation space for GPs and nurses as well as for professionals including midwives, physiotherapists, and phlebotomists. We visited the dispensary but not the branch sites as part of this inspection.

The practice holds a Personal Medical Service (PMS) contract with the local Clinical Commissioning Group (CCG), and is a training practice with two GP trainers. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. There are currently two trainee GPs working in the practice.

- There are five GP Partners and one salaried GP at the practice (four female and two male GPs). There are two healthcare assistants, phlebotomist, two nurse practitioners, and three practice nurses. A team of six dispensary trained staff support the team leader.
- There is a team of 15 administration and reception staff support the business manager.

- The practice is open between 8am and 6.30pm Monday to Friday; extended hours are available on Thursday mornings and Monday evenings.
- Care UK provides out of hours care via the NHS 111 service.
- The practice told us that, since our last inspection, they had joined the Suffolk Primary Care Partnership which is a partnership of 11 practices.

## Why we carried out this inspection

We undertook a comprehensive inspection of Debenham Group Practice on 18 August 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 but requires improvement for providing safe services. The full comprehensive report following the inspection on 18 August 2016 can be found by selecting the 'all reports' link for Debenham Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Debenham Group practice on 22 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 as detailed in the requirement notice.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff which included a GP, manager, administration and dispensary team.

## Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

We carried out a focused inspection on 22 May 2017.

# Are services safe?

## Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing safe services. We found improvements were needed in relation to safe care and treatment. In particular:

- The processes in place were insufficient to ensure patients prescribed high risk medicines had the necessary monitoring to support safe prescribing.
- The governance arrangements to ensure the quality of medical record summaries and incoming patient letters needed to be improved.
- The process to ensure that patients affected by national patient safety alerts were identified and their treatment was reviewed in response to the alert needed to improved.
- The practice security arrangement of blank prescriptions was not in line with national guidance.
- The practice did not have a standard operating procedure in place for carrying out and recording stock checks of controlled drugs in line with national guidance.

These arrangements had significantly improved when we undertook a follow up inspection on 22 May 2017. The practice is now rated as good for providing safe services:

### Overview of safety systems and processes

- The systems and processes had been improved. A member of the nursing team checked the records of patients identified as taking high risk medicines on a regular basis, including results from hospital tests. If monitoring was due the patients were contacted and appointments made. Any concerns were communicated to the GPs. We saw that patients were reminded of their last test results via a message on their repeat prescription request sheet. The records we reviewed of patients taking methotrexate or lithium showed they had been followed up appropriately.
- The practice had undertaken regular audits to ensure that the GPs saw all correspondence that required a

clinical opinion and that the quality of the medical summaries was maintained. Two GP partners had taken a lead role in quality improvement and regular audits to monitor quality had been performed. A report from an audit undertaken in May 2017 showed that nine sets of notes had been reviewed; all had been accurately summarised and all incoming mail had been viewed and filed appropriately. We noted the findings had led to recommendations for further discussions with other GPs in relation to removing information from summaries that may no longer be relevant. The practice planned to share these findings at a clinical meeting. Practice staff we spoke with told us they had found these audits very helpful and educational.

- The system and process to manage safety alerts had significantly improved. We reviewed three recent alerts; all three were recorded in detail, including actions taken, on a spreadsheet log. For example, an alert dated 22 February 2017 relating to an injection and risk of adverse effects in patients with underlying cardiac disease had been actioned.

### Medicines management

Security arrangements for the dispensary had been reviewed and improved to ensure safety.

- We found blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice had implemented a standard operating procedure for the carrying out and recording of stock checks of controlled drugs in line with the national guidance. We found regular stock checks were recorded and, where necessary, actions were taken. For example, on one occasion, a drug had not been checked, this was discussed at a dispensary meeting, and staff were reminded to ensure all items are checked each time. Minutes were available for staff who had been unable to attend.