

# Drayton Medical Practice

## 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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drayton Medical Practice on 12 November 2014. After the comprehensive inspection, the practice was rated as good overall with requires improvement in providing safe services. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drayton Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We undertook a focussed follow up inspection on 4 January 2017 to check that improvements had been made. The practice is rated as good for providing safe services and rated good overall.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. These included regular infection control audits and an annual audit for minor surgical procedures actions were taken/planned to address any improvements identified as a result.
- There was a written consent form process in place for minor surgical procedures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had reviewed and updated policies and procedures on an ongoing basis and these included policy review dates.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice ensured their recruitment arrangements included all members of staff including those classed as locums.
- Staff who provided a chaperone service were in receipt of chaperone training and a chaperone policy was in place to support staff.
- Medicines management included a system to check stock levels and audits to ensure all medicines remained in date and safe to use including oxygen cylinders.
- The practice proactively sought feedback from staff including annual appraisals and patients, which it acted on. Staff and multidisciplinary meetings were minuted and these were accessible to all staff.
- The practice had developed and implemented a business continuity plan.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with or lower than local and national averages. Two hundred and fourteen survey forms were distributed and 123 were returned, a 57% return rate.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, with the exception of one, all were positive about the standard of care received. One comment was to be investigated through the practices significant event /complaints process. Five of the 35 completed comment cards provided negative comments regarding access to routine appointments. These comments were fed back to the practice for consideration. Patients expressed that staff were helpful, they were treated with dignity and respect and felt listened to.

The practice had made changes to their appointment systems in October 2016 in response to the national GP patient survey results published July 2016 and patient feedback. The practice said they would consider the feedback from CQC patient comment cards. They awaited the release of the January 2017 national GP patient survey results to ascertain if the changes implemented had improved patient appointment experiences.

# Drayton Medical Practice

## 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.

## Background to Drayton Medical Practice

Drayton Medical Practice is located in Market Drayton, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. Drayton Medical Practice is a purpose built, primary care medical centre. There are 17,400 patients registered with the practice.

The practice has nine GP Partners and a female salaried GP (seven male and three female) providing 8.5 whole time equivalent hours. The practice team includes a practice manager, a management assistant, a practice nurse manager, a reception manager, seven practice nurses, two healthcare assistants, two phlebotomists, three regular bank staff members and reception, IT supervisor and administrative staff.

The practice is open from 8.30am to 6pm Monday to Friday. The practice treats patients of all ages and provides a range of medical services. Drayton Medical Practice has a higher percentage of its practice population in the 65 and over age group than the England average. The practice provides a number of clinics for example long term condition management including asthma, diabetes and high blood pressure. It offers child immunisations, minor surgery and travel health. The practice also provides a minor injury service and mental health clinics.

The practice is a training practice for GP Registrars to gain experience and higher qualifications in General Practice and family medicine. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. Drayton Medical Practice does not provide an out of hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some Directed Enhanced Services, for example, they offer minor surgery, the childhood vaccination and immunisation scheme.

## Why we carried out this inspection

We carried out a focussed follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. After the announced comprehensive inspection at Drayton Medical Practice on 12 November 2014, the practice was rated as good overall with requires improvement in providing safe services. We undertook a focussed follow up inspection on 4 January 2017 to check that improvements had been made. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## 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 focussed follow up inspection on 4 January 2017. During our visit we:

- Spoke with a range of staff including GP's, practice nurses and practice manager.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

We carried out an announced comprehensive inspection at Drayton Medical Practice on 12 November 2014. After the comprehensive inspection, the practice was rated as good with requires improvement in providing a safe service. The inspection found that improvements were needed to ensure the chaperone policy reflected safe practice and that all meetings were minuted and shared with staff. They needed to ensure that all recruitment checks were completed for new staff prior to their employment and to develop and implement a business continuity plan. They needed to introduce a system to check medicine stock levels and ensure medicines remained in date and safe to use, including the oxygen cylinder, to complete an annual audit for minor surgical procedures and update policies and procedures. We found during the follow up inspection on 4 January 2017 that the practice had taken appropriate action to address these areas.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events. We saw minutes of meetings held in which significant events and complaints were discussed. We saw these were cascaded to staff and that any changes in policy and procedures were highlighted.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and non-clinical staff were trained to nationally recognised child protection or child safeguarding levels.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, with the exception of three long-standing staff members who had been risk assessed. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead and was trained for the role and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. On the day of the inspection, one of the toilet area foot operated bin lid was broken and this was reported for remedial action to take place.
- The practice had a written consent form process for minor surgical procedures in line with best practice, which was monitored and reviewed. An annual audit of minor surgical procedures had taken place.
- The arrangements for managing medicines, including emergency medicines, oxygen and vaccines, in the

## Are services safe?

practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. To ensure electronic prescription security was more robust the practice assured us they would place them in lockable drawers within the doctors consulting rooms not just in lockable rooms. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The GP bag reviewed held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. The GPs were to discuss whether there was a continued need for this practice in the near future.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control

and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The room used to store oxygen needed appropriate door signage and in respect of liquid nitrogen storage, the practice assure itself that there was sufficient ventilation with the completion of a risk assessment.

- 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 enough staff were on duty. The practice manager informed us that they had reviewed their workforce and that workforce planning and succession considerations had formed part of the development of their business continuity plan. Staff found that ongoing sick leave had affected the staff team as some had been providing additional hours for prolonged periods. The practice manager agreed that this was an area for future workforce planning considerations.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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 annual review dates for those who had not attended training was planned for March and this was monitored by the practice manager.
- 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. Medicines were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.