

Dr Nicola Whitehouse

Quality Report

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Date of inspection visit: 20 September 2017
Date of publication: 25/10/2017

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?

Requires improvement



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 Dr Nicola Whitehouse on 22 August 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing safe services.

We issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Nicola Whitehouse on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 20 September 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 at our previous inspection on 22 August 2016. This report covers our findings in relation to those requirements.

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

- Although the practice had reviewed its systems and procedures for the management of medicines the improvements made were not sufficient to ensure the safe management of all medicines, prescribed for patients.
- A formal and active system for the safe management and monitoring of blank prescriptions had been implemented.
- Recruitment practices had improved to ensure that full employment checks were completed and relevant documents maintained and available for all staff employed.
- Arrangements for improving the uptake of childhood annual immunisations had been reviewed. Procedures had been implemented to ensure children who did not attend appointments were actively followed up and referred to the appropriate professionals.
- The practice had established links with relevant community professionals to assess and manage the care of patients with a learning disability.
- Procedures had been put in place to ensure the temperature of fridges containing medicines were regularly monitored.

Summary of findings

- Systems and procedures to monitor children who fail to attend hospital appointments had been reviewed and appropriate procedures implemented.
- Measures to increase the uptake of cervical screening at the practice had been put in place.
- Regular fire drills were completed in line with Fire Safety Regulations in healthcare settings.

There were areas of practice where the provider must make improvements:

Ensure care and treatment is provided in a safe way to patients in particular:

- Ensure systems are put in place for the proper and safe management of medicines.

At this inspection we found that the practice had not fully addressed all the concerns raised and remains Requires Improvement for providing safe services.

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 requires improvement for providing safe services.

- The practice had systems and practices in place to keep patients safe and safeguarded from abuse.
- Improvements had been made to manage and mitigate risks to patients:
 - Recruitment checks had been completed for all staff.
 - The expiry dates of all medicines were regularly checked and systems put in place to ensure medicines were stored in line with manufacturers' guidance and legislative requirements.
 - Fire evacuation drills had been completed in line with Fire Safety Regulations in healthcare settings and emergency lighting was checked.
- However sufficient improvement had not been made to ensure that all medicines were managed safely:
 - The results of blood tests were not obtained for all high risk medicines before giving patients' a repeat prescription.
 - Guidance for staff on whether any uncollected prescriptions should be referred to the GP before they were destroyed was not in place.
 - At this inspection we found that an effective system was not in place to ensure that medicine reviews were completed for all patients on repeat prescriptions.
 - There was a lack of clarity on the process followed to review the medicines of patients with long term conditions at the time of their annual clinical review.

Requires improvement



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

At the previous inspection in August 2016 the practice was rated as good overall, however the practice was rated as requires improvement for providing safe services. At this inspection we found that the practice had not fully addressed all the concerns raised and remains Requires Improvement for providing safe services which includes this population group. The practice remains rated as good overall.

Good



People with long term conditions

At the previous inspection in August 2016 the practice was rated as good overall, however the practice was rated as requires improvement for providing safe services. At this inspection we found that the practice had not fully addressed all the concerns raised and remains Requires Improvement for providing safe services which includes this population group. The practice remains rated as good overall.

Good



Families, children and young people

At the previous inspection in August 2016 the practice was rated as good overall, however the practice was rated as requires improvement for providing safe services. At this inspection we found that the practice had not fully addressed all the concerns raised and remains Requires Improvement for providing safe services which includes this population group. The practice remains rated as good overall.

Good



Working age people (including those recently retired and students)

At the previous inspection in August 2016 the practice was rated as good overall, however the practice was rated as requires improvement for providing safe services. At this inspection we found that the practice had not fully addressed all the concerns raised and remains Requires Improvement for providing safe services which includes this population group. The practice remains rated as good overall.

Good



People whose circumstances may make them vulnerable

At the previous inspection in August 2016 the practice was rated as good overall, however the practice was rated as requires improvement for providing safe services. At this inspection we found

Good



Summary of findings

that the practice had not fully addressed all the concerns raised and remains Requires Improvement for providing safe services which includes this population group. The practice remains rated as good overall.

People experiencing poor mental health (including people with dementia)

At the previous inspection in August 2016 the practice was rated as good overall, however the practice was rated as requires improvement for providing safe services. At this inspection we found that the practice had not fully addressed all the concerns raised and remains Requires Improvement for providing safe services which includes this population group. The practice remains rated as good overall.

Good



Summary of findings

Areas for improvement

Action the service MUST take to improve

Ensure care and treatment is provided in a safe way to patients in particular:

- Ensure systems are put in place for the proper and safe management of medicines.

Dr Nicola Whitehouse

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector with the support of a GP specialist advisor.

Background to Dr Nicola Whitehouse

Dr Nicola Whitehouse is registered with the Care Quality Commission (CQC) as an individual GP practice. The practice is located in Wolverhampton and has good transport links for patients travelling by public transport. Parking is available at the rear of the practice. The practice is a single storey building and although the corridors are narrow the practice is accessible to patients with mobility difficulties and patients who use a wheelchair.

The practice team consists of one female GP who works full time, nine to ten sessions per week. The GP is currently supported by a practice nurse. Clinical staff are supported by a practice manager and four administration / receptionist staff. In total there are eight staff employed either full or part time hours to meet the needs of patients. The practice also uses the same GP locums at times of absence to support the clinicians and meet the needs of patients at the practice.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 2,464 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and the

care of patients with a learning disability. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services.

The practice is open Monday from 8.30am to 7.45pm, Tuesday, Wednesday and Friday, 8am to 6.30pm and Thursday 8am to 2.30pm. Appointment times for patients vary for the GP and practice nurse and include both morning and afternoon clinic sessions. Appointments with the GP are available Monday to Friday 9.30am to 12.30pm, Tuesday 4pm to 5pm, Wednesday 1pm to 3pm and Friday 3pm to 5pm. Appointment with the practice nurse are Monday 2.45pm to 7.45pm and Tuesday and Wednesday 9am to 2pm. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to Wolverhampton Doctors on Call Limited when the practice is closed on Thursday afternoon. At all other times when the practice is closed, patients are directed to the out of hours service Vocare via the NHS 111 service.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr Nicola Whitehouse on 22 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services. The full comprehensive report following the inspection on 22 August 2016 can be found by selecting the 'all reports' link for Dr Nicola Whitehouse on our website at www.cqc.org.uk.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Dr Nicola Whitehouse on 20 September 2017. This was to ensure that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified at our previous inspection on 22 August 2016.

During our visit we:

- Spoke with the GP, practice manager, practice nurse and the CCG support pharmacist linked to the practice.
- Visited the practice.
- Looked at information the practice used to deliver safe care and treatment.
- Looked at other relevant documentation.

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 Care Quality Commission (CQC) at that time.

Are services safe?

Our findings

During our previous inspection in August 2016, we found that care and treatment was not being provided in a safe way. This was because:

- Systems were not in place for the proper and safe management of medicines.
- Employment checks as required by legislation for all staff employed were not maintained.

The visit in August 2016 also identified that:

- A formal system for monitoring the use of blank prescriptions was not in place.
- The temperature of fridges used to store medicines were not regularly monitored to ensure medicines were fit for use.
- Effective systems were not in place for monitoring shared care agreements so that the practice was aware of the results of tests carried out before giving patients' a repeat prescription.
- Processes were not in place to monitor and manage children who failed to attend hospital appointments.
- Fire drills were not completed in line with Fire Safety Regulations in healthcare settings.

This resulted in the practice being rated as requires improvement for providing safe services.

Safe track record and learning

At the inspection in August 2016 we found that the practice had ensured that systems were in place for the ongoing monitoring of significant events and checking that improvements made were appropriate. We saw evidence that lessons were shared and appropriate action was taken to maintain the safety of patients. The practice manager and GP received medicine and safety alerts and these were appropriately monitored.

Overview of safety systems and processes

- Arrangements to safeguard vulnerable adults and children from the risk of abuse had been maintained and reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be clean and tidy. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included gloves and aprons.

We found at the inspection in August 2016 that the arrangements for managing medicines in the practice did not always keep patients safe. At this inspection we saw some improvements had been made however there was not sufficient progress made to ensure that all medicine practices kept patients safe.

- At the last inspection the practice did not have systems in place for the safe management of high risk medicines. We found at this inspection that some improvements had been made however not all high risk medicines had been identified so that all patients' were effectively managed. There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored. The GP had not ensured that the results of all blood tests carried out at the hospital were received before giving patients' a repeat prescription. At this inspection we looked at examples of the practice performance with the management of high risk medicines. We saw that patients prescribed a medicine used to treat certain types of cancer and severe psoriasis all had up to date tests completed before they were issued repeat prescriptions. However, the practice was prescribing a higher dose of this medicine, 10mg and not 2.5mg as recommended by national patient safety guidance. We also found that some high risk medicines were not monitored. For example, three of four patients taking a medicine to treat conditions that affect the immune system, such as rheumatoid arthritis were overdue for a specific blood test.

At the inspection in August 2016 we found some of the vaccines had passed their expiry dates. At this inspection all vaccines held at the practice were in date and systems were in place to ensure the expiry dates of all medicines were regularly checked. We also found at the last inspection that medicines were not stored in line with manufacturers' guidance and legislative requirements. At this inspection we found that the temperature of the fridges were checked twice a day and records were

Are services safe?

available to confirm this. The practice had purchased a thermometer that would provide data on the continuous temperature of the fridge. We found that practice staff had ensured the fridges were locked when not in use.

The practice carried out regular medicines audits, with the support of the local pharmacist advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and a formal system had been put in place following the last inspection to monitor their use. All repeat prescriptions were authorised by the GP. Uncollected prescriptions were checked every two months. Prescriptions that were more than two months old were removed and disposed of and the patients' records updated and coded. The practice repeat prescribing policy did not include guidance for staff on whether uncollected prescriptions should be referred to the GP before they are destroyed.

At this inspection we found that an effective system was not in place to ensure that medicine reviews were completed for all patients on repeat prescriptions. There was a lack of clarity on the process followed to review the medicines of patients with long term conditions at the time of their annual clinical review. The practice nurse carried out the annual reviews for these patients. However the practice nurse was not a qualified prescriber and the extent to which the practice nurse reviewed the medicines of these patients' could not be confirmed. Records of reviews completed with the date were not always correctly recorded so the practice could not be sure if a review had been carried out.

- At the inspection in August 2016 we found that not all recruitment checks had been undertaken prior to employment. For example, files did not contain evidence of employment history and some of the files

did not contain references. We reviewed the personnel files for locum GPs at this inspection. We found the files had been updated and contained evidence of qualifications, current registration with the appropriate professional body and that checks had been completed through the Disclosure and Barring Service (DBS). (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 same GP locums were used, which supported continuity of care for patients.

Monitoring risks to patients

The practice had procedures in place to manage and monitor risks to patients, staff and visitors to the practice. A health and safety policy was available and a poster was displayed. At the inspection in August 2016 the practice had not had a fire risk assessment completed. We noted that the exit door to be used in the event of a fire opened inwards and not outwards which would be the direction of escape. Fire evacuation drills were not carried out and the fire alarms and emergency lighting had not been tested. At this inspection we found that an assessment had been completed and action taken to address recommendations made. Regular fire drills were carried out and included simulation exercises which enabled staff to have an awareness of what they should do in the event of real fire. Systems were in place to ensure emergency lighting was regularly tested.

Arrangements to deal with emergencies and major incidents

The practice had ensured adequate arrangements were maintained to support practice staff to appropriately respond to emergencies and major incidents.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered persons had not ensured there was proper and safe management of medicines. In particular:<ul style="list-style-type: none">▪ The results of all blood tests were not routinely obtained before giving patients' a repeat prescription for high risk medicines.▪ Guidance for staff on whether any uncollected prescriptions should be referred to the GP before they were destroyed was not in place.▪ An effective system was not in place to ensure that medicine reviews were completed for all patients on repeat prescriptions.▪ There was a lack of clarity on the process followed to review the medicines of patients with long term conditions at the time of their annual clinical review.