

Parkstone Health Centre

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 Parkstone Health Centre on 16 September 2015. Overall the practice is rated as good. The practice was rated good for providing caring, effective, responsive and well-led services. However, we found breaches of Regulation 12 (safe care and treatment) and Regulation 19 (fit and proper persons employed) of The Health and Social Care Act (Regulated Activities) Regulations 2014. The practice was rated as requires improvement for providing safe services.

We issued two requirement notices and informed the practice that they must make the following improvements:

- Ensure blank prescriptions are logged and tracked throughout the practice.
- Ensure vaccines are stored in a safe and secure way.
- Ensure patient group directions are authorised appropriately.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

We carried out a focused follow inspection on 28 November 2016 to assess if the practice had implemented the changes needed to provide safe

services. During this focussed inspection we found the provider had taken appropriate action to meet the requirements and following a review of evidence the practice is now rated as good for providing safe services, with the practice now being rated as good for all domains and population groups.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published in December 2015. This can be done by selecting the 'all reports' link for Parkstone Health Centre on our website at www.cqc.org.uk.

Our key findings across all the areas which we inspected on 28 November 2016 were as follows:

- The practice had implemented a system to ensure all prescriptions were managed and tracked in accordance to current guidelines.
- Vaccines were now stored safely and securely.
- Patient group directions had been authorised appropriately.
- The practice had in place evidence of all relevant, required employment checks for all staff.

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?

When we carried out a comprehensive inspection in September 2015 we found that the practice had not implemented systems to ensure the safe storage of medicines and blank prescriptions; the safe administering of medicines; and had not undertaken appropriate employment checks to ensure only suitable staff were employed.

During this focused inspection undertaken in November 2016 we found the provider had improved systems to keep patients safe. The changes made included:

- The practice had implemented a system to ensure all blank prescriptions were managed and tracked in accordance to current guidelines.
- Vaccines were stored safely and securely.
- Patient group directions had been authorised appropriately.
- The practice had evidence that relevant employment checks had been carried out for all staff.

Following this focused Inspection we have rated the practice as good for providing safe services.

Good



Parkstone Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The follow up focused inspection was undertaken by a CQC Lead Inspector.

Background to Parkstone Health Centre

Parkstone Health Centre is a training practice situated in Poole, Dorset. The practice has been at its present location since 1973. It is based on the first floor of a building it shares with Dorset Healthcare (an NHS community health service) and a pharmacy.

The practice is part of a GP federation formed in November 2014 and comprises of eight local GP practices that collaborate in the development of local primary care services.

The practice has an NHS personal medical services contract to provide health services to approximately 10,250 patients.

Parkstone Health Centre is located in the south of Poole. The mix of patient's gender (male/female) is almost half and half. The practice has a higher number of patients aged between 25 and 34 years old and female patients over 80 years old when compared to the England average.

The practice is open from 8am to 6.30pm from Monday to Friday. Appointments are available during these times. Additional appointments are available on Wednesday evening between 6.30pm and 8pm and Thursday morning between 7.30am and 8am.

The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Trust via the NHS 111 service. Information on how to access these services is publicised on the practice's website and on the patient information leaflet.

Staff working at the practice includes four GP partners, two salaried GPs and two GP registrars (doctors training to be GPs) who together work an equivalent of 6.2 full time staff.

In total there are four male and four female GPs. The practice employs a nurse prescriber, three practice nurses and a health care assistant. The GPs and the nursing staff are supported by a team of 12 administration staff who carry out administration, reception, document scanning and secretarial duties. The practice also has a reception manager and a practice manager.

We carried out our inspection at the practice's only location:

Mansfield Road

Parkstone

Poole

Dorset

BH14 0DJ.

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. The inspection was planned to check whether the provider is meeting the

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out a focussed, follow up, announced visit on 28 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, Nurses and the Practice Manager.

- Reviewed a sample of staff records.
- Reviewed records relating to patient group directives.
- Reviewed systems and records used by the practice to safely store and administer medication.
- Reviewed security arrangements for the storage and tracking of prescriptions.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it safe?

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

When we inspected in September 2015 we found the practice did not have suitable systems in place to always provide safe services for the following reasons:

- Blank prescription paper was not handled in accordance with national guidance as these were not logged or tracked through the practice at all times.
- The practice was unable to provide evidence that refrigerators used to store medicines and vaccines were serviced and that the temperatures had been calibrated to ensure they were operating effectively. The keys to the refrigerators were not stored securely which meant that medicines and vaccines were accessible to unauthorised people.
- Medicines administered by the nurses at the practice were given under a patient group direction (PGD) which is a directive agreed by GPs that allows nurses to supply and/or administer prescription only medicines. Not all of the PGDs had been signed by a GP at the practice in accordance to legal requirements.
- Staff employment files did not contain evidence that all recruitment checks had been completed when employing new staff members, this included no proof of identification, no investigation of gaps in employment history, and a lack of references and evidence of qualifications for a clinical staff member.

When we completed this follow up focused inspection 28 November 2016 we found that appropriate action had been taken by the practice to make services safe:

- Evidence was seen by us to demonstrate that blank paper for both handwritten and printed prescriptions was kept securely before being issued; the serial numbers were recorded and each batch was signed for when issued. We saw evidence of secure storage of

blank prescription paper after being issued to each clinician; and audits were carried out twice each year to check that only blank prescription paper with the correct serial numbers were held by each clinician.

- Evidence was in place to demonstrate that fridges used to store medicines and vaccines had been serviced in May 2016 and that fridge thermometers had been calibrated. The practice had arranged to have the fridges serviced and calibrated again in 2017. The fridges were both kept in a locked room that could only be accessed by authorised staff.
- Records viewed by us showed that staff had checked and recorded the temperature of both fridges daily. Staff demonstrated that they knew what action to take in the event that the fridge temperatures showed a reading outside of the acceptable range between 2°C and 8°C. We saw an example of when a fridge temperature had been recorded as reading 9°C with a note that this was due to opening the fridge to replenish the stock of medicines and vaccines.
- Patient group directions (PGDs) used by nurses to administer prescription only medicines were all signed and dated by the authorising GP and the nurses at the practice. The PGDs were current and signatures reflected staff changes.
- We looked at five personnel files for staff employed by the practice, three of which were for staff that had been most recently recruited. We saw evidence that appropriate pre-employment checks had been carried out for both current staff members and those who had most recently begun employment at the practice. For example, we saw evidence of photographic proof of identity; employment history; satisfactory conduct in previous employment; and qualifications for a clinician.

We found the practice had made the required improvements since our last inspection in October 2015. Following this desk based follow up inspection we rated the practice as good for providing safe services.