

# Tower House Practice

## Quality Report

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Cheshire

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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

We carried out an announced comprehensive inspection at Tower House Practice on the 16 December 2015. The overall rating for the practice was good although the domain for safe required improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Tower House Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused review carried out on 3 April 2017 to confirm that the practice had carried out their plan to improve areas identified in our previous inspection on 16 December 2015. This report covers our findings in relation to those improvements made since our last inspection.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Clinical staff now manage the clinic for patients who require monitoring of anticoagulants (medicines that prevent the blood from clotting.)
- Mercury spillage kits have been supplied and are accessible to the practice.
- Staff ensure that treatment room doors are closed when any care and treatment is provided to ensure patient's privacy is maintained.

### Letter from the Chief Inspector of General Practice

**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 good for providing safe services.

- Evidence was provided as part of this focused review to show that improvements had been implemented.
- Clinical staff now manage the clinic for patients who require monitoring of anticoagulants (medicines that prevent the blood from clotting.)

Mercury spillage kits had been supplied to the practice. However the practice had removed all blood pressure monitors that used a mercury gauge.

**Good**



# Tower House Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This focused inspection was undertaken by a CQC Inspector.

## Background to Tower House Practice

Tower House Practice is located in Runcorn, Cheshire and falls within Halton Clinical Commissioning Group (CCG). All services are delivered under a General Medical Services (GMS) contract. The practice is located within an area that is rated as being at the fourth decile of socio-economic deprivation, where a rating of one is the most deprived and a rating of 10 is the least deprived. Life expectancy for men in the area is approximately 76 years and for women approximately 81 years. Almost 50% of patients at the practice have a long standing health condition. Almost 60% of patients registered with the practice are either employed or in full time education.

The practice is in a shared facility, the facility is co-owned by the practice. The patient list size is approximately 13,200 patients. The practice is fully accessible to any patients with restricted mobility, wheelchair users and parents with prams and pushchairs. The practice clinical team is made up of six GP partners (five male, one female), three salaried GPs (one male and two female) and two GP registrars. The practice also has three nurse prescribers, supported by a health care assistant. The practice administration team is led by the practice manager and deputy.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available with GPs from 9am to 11.30am each morning and from 2.30pm to 5.50pm with

the 'on call' doctor, and from 3.30pm to 5.50pm each afternoon with all other GPs. The nurse led clinics offer appointments from 8.30am to 12pm each morning and from 1.30pm to 5.50pm each afternoon. When the practice is closed, a telephone voicemail service directs patients to dial NHS 111 for advice and if necessary, onward referral to the out of hours service.

## Why we carried out this inspection

We undertook a comprehensive inspection of Tower House Practice 16 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Tower House Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused follow-up inspection of Tower House Practice on 3 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve areas identified at the last inspection. We reviewed the practice against one of the five questions we ask about services: is the service safe?

## How we carried out this inspection

We carried out a focused follow up inspection of Tower House Practice on 3 April 2017. The practice was contacted and a request was made to submit updated evidence to show that the practice had completed the improvements identified during their comprehensive inspection. A range

## Detailed findings

of information was discussed with the practice staff, submitted by the practice and reviewed by the CQC Inspector. We visited the practice on 3 April 2017 and reviewed evidence that:

- They had reviewed the management of the anti coagulation clinic and overall responsibility was managed by clinical staff.
- They had supplied 'mercury spillage kits' to the practice and removed all blood pressure monitors that used a mercury gauge.

- Treatment room doors were closed when patients were receiving care and treatment during their appointments which protected their privacy.

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

At our previous inspection on the 16 December 2015, we rated the practice as requires improvement for providing safe services. Following the inspection, the practice submitted an action plan to provide details of what they had done to show improvements.

These arrangements had been implemented when we undertook a follow up inspection on 3 April 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe.

- Following our previous inspection the practice had obtained 'mercury spillage kits'. They had removed all blood pressure monitors that used a mercury gauge.

The system for review of patients prescribed warfarin and managing the dosage of this medicine had been changed following our inspection. The policy document gave staff clear information about the safe management of this service. They had reviewed the management of the anticoagulation clinic and overall responsibility was managed by clinical staff. All changes made to a patient's dose of this medication was carried out by a clinician. The arrangements for managing medicines in the practice kept patients safe.