

# Pontesbury 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 Pontesbury Medical Practice on 3 March 2016. 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 Pontesbury Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We undertook a focussed follow up inspection on 20 September 2016 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 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.
- General health and safety risk assessments had been completed, this included fire exits and maintenance records of all equipment including the wheelchair.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Training included a documented induction system and safeguarding adults and children to the appropriate levels as well as basic life support.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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 Disclosure and Barring Service (DBS) checks were completed for staff who had contact with potentially vulnerable patients and staff references recorded.
- Staff who provide a chaperone service were in receipt of chaperone training and had a Disclosure and Barring Service (DBS) check completed.
- The practice proactively sought feedback from staff including annual appraisals and patients, which it acted on.

**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 local and national averages. Two hundred and nineteen survey forms were distributed and 122 were returned, a 56% return rate.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 98% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% 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%.
- 95% of patients found the receptionists at this practice helpful compared to the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 100% of patients had confidence and trust in the last nurse they saw or spoke to compared to the national average of 97%.

# Pontesbury 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 adviser.

## Background to Pontesbury Medical Practice

Pontesbury Medical Practice is located in Pontesbury, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 7,200. The practice, in line with the local

Clinical Commissioning Group (CCG), has a higher proportion of patients aged 65 years and when compared with the practice average across England. For example the percentage of patients aged 65 and above at the practice is 25%, the local CCG practice average is 24% and the national practice average, 17%.

The staff team comprises four GP partners and three salaried GPs. The clinical practice team includes three practice nurses, two healthcare assistants, and dispensary staff, a dispensary delivery driver and a dispensary administrator. The practice is managed and supported by a practice manager and a data administrator/deputy practice manager, three receptionists, an apprentice receptionist, a medical secretary, and a cleaner.

The practice is open Monday to Friday 8.30am to 6.30pm (excluding bank holidays). The dispensary opening hours are Monday to Friday 8.45am to 1pm and 2pm to 6.30pm. In addition, the practice offers pre-bookable appointments. Urgent appointments are also available for patients that need them. The 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 through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice provides a number of clinics, for example long-term condition management including asthma and diabetes. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers NHS health checks and smoking cessation advice and support. 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, childhood vaccinations and immunisation scheme.

The practice is a training and teaching practice for medical students and GP registrars. GP registrars are attached to the practice for four to 12 months. The practice also has doctors on the returner scheme, these are doctors who have previously worked in the NHS but have recently had a career break.

## 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 Pontesbury Medical Practice, the practice was rated as good overall with requires improvement in providing safe services. We undertook a focussed follow up inspection on 20 September 2016 to check that improvements had been made. The inspection was planned to check whether the

# Detailed findings

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.

## 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 inspection on 20 September 2016. During our visit we:

- Spoke with a range of staff including a GP, practice nurse, practice manager.
- Observed how patients were being cared for and reviewed the national GP patient survey results published July 2016 on patient's 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 Pontesbury Medical Practice on 3 March 2016. After the comprehensive inspection, the practice was rated as good overall, with requires improvement in providing a safe service. We found that improvements were needed in recruitment arrangements and general health and safety risk assessments including fire safety risk assessments. Practice recruitment documentation needed improvements to ensure that Disclosure and Barring Service (DBS) checks were completed, or a documented decision/risk assessment as to why a DBS check was not required. The practice needed a general health and safety written risk assessment and to maintain service maintenance records for equipment, such as a wheelchair. We found during the follow up inspection on 20 September 2016 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 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 the significant events.

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. (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. The practice nurse was the infection control clinical lead 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.
- A written consent form process was in place for minor surgical procedures in line with best practice, which was monitored and reviewed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the 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. Further protocols were in the process of development around the review of high-risk medicines, repeat prescribing and the intervals between patients'

# Are services safe?

blood tests that varied on a patient-to-patient basis. We saw that the practice system red flagged patients on repeat high-risk medicine prescriptions, however staff could proceed to produce a monthly repeat without the GP or dispensary staff having agreed as seen that the patient's blood results were satisfactory. In the sample of medicine records reviewed, patients had received appropriate medicine and blood test monitoring. 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- During the inspection, we found that the practice had stored four patients' topical treatment medicines in a treatment room for use when they arrived for their appointments. Improvements with a protocol and storage at the dispensary rather than the treatment room were immediately implemented.
- The practice 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.
- 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 with a poster in the reception office, 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).
- 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.

## 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 and there were emergency medicines available in the treatment room.
- 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. All the medicines we checked 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.