Dr James & Partners

Quality Report

The Surgery
Rye
East Sussex
TN31 6ND
Tel: 01797 252140
Website: www.northiamandbroadsurgery.co.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr James & Partners on 5 January 2016. The overall rating for the practice was good, but breaches of legal requirements were found in the safe domain. The practice sent to us an action plan detailing what they would do in relation to the shortfalls identified and the action taken in order to meet the legal requirements in relation to the following:-

- Not all staff were trained in the safeguarding of vulnerable adults and not all clinical staff were trained in the Mental Capacity Act of 2005.
- Not all staff had been risk assessed as to whether a Disclosure and Barring Service (DBS) check was required to carry out their roles and not all clinical staff had been subject to enhanced DBS checks. (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).
- Infection control audits were not being carried out on a regular basis. Additionally there was no comprehensive action plan to identify any infection prevention and control issues and to address any identified concerns.
- Maximum and minimum temperatures were not always recorded on all fridges containing medicines.
- There was not a reliable system for recording and tracking the prescription sheets that were transferred between the main surgery and the branch surgery.
- There had not been regular rehearsals of fire safety and evacuation procedures.
- There were no failsafe procedures for ensuring patients were aware of histology and other test results.

This inspection was an announced focused inspection carried out on 24 January 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 in our previous inspection on 05 January 2016.

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

- All staff had received training in the safeguarding of vulnerable adults and all clinical staff had received training in the Mental Capacity Act 2005.
- All staff had been risk assessed as to whether they needed a DBS check. All clinical staff had been DBS checked to an Enhanced level

Summary of findings

- There had been two infection control audits since the previous inspection.Actions had been identified and resolved.
- Maximum and minimum temperatures had been recorded daily for all fridges.
- There was a reliable system in place for tracking blank printer prescriptions between the main and branch surgeries.
- A rehearsal of fire safety and evacuation procedures had been carried out since the last inspection and recorded.
- A new system had been introduced to ensure that patients were made aware of test results that required further discussion.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Dr James and Partners on our website at www.cqc.org.uk.

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?

Good

At this inspection we found that safety systems and procedures had significantly improved. Specifically all staff had received training in the safeguarding of vulnerable adults and all clinical staff had been trained in the Mental Capacity Act of 2005. All staff were assessed as to whether their role required them to have a Disclosure and barring Service (DBS) check and all clinical staff had received an Enhanced DBS check. Two infection control audits had been carried out and the findings acted on. The management of medicines had been improved. Maximum and minimum fridge temperatures were recorded daily and there was a system in place to track blank printer prescriptions between the main and branch surgeries.

We also saw an improvement in the monitoring of risks to patients. Fire evacuation procedures had been carried out and recorded since the last inspection and a new system introduced to ensure that patients were informed of test results that required further discussion.

Dr James & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector**.**

Background to Dr James & Partners

Dr James & Partners provides general medical services to the residents of Northiam, Brede, Broad Oak and the surrounding area. The practice population is approximately 6100 patients There are three GP partners (two male and one female) and one salaried GP (female) who are supported in their clinical work by two practice nurses and two health care assistants (HCAs). There is a practice manager, five part time receptionists and nine part time dispensers. There are four part time members of the administrative staff. There is some cross over of skills between some of the receptionists and dispensers and some staff are therefore trained to cover more than one role if required.

The practice is a training practice and trains qualified doctors who wish to be GPs.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3.30pm to 6.00pm Monday to Thursday afternoon and 2.00pm to 4.00pm on a Friday afternoon. Extended surgery hours are offered every Saturday from 8.30am to 10am. Booked appointments are from 8.30am to 9.00am and urgent appointments are available from 9.00am to 10.00am.

The Broad Oak branch has appointments available from 08.30am to 11.30am on Monday to Thursday mornings and from 3.30pm to 6.00pm on a Wednesday afternoon.

When the practice is closed they are covered by an out of hours service that is accessed by dialling 111.

Drs James & Partners main surgery is:

The Surgery, Main Street, Northiam,Rye,TN31 6ND.

They also have a branch at:

Broad Oak 6 Reedswood Road**,** Broad Oak**,** Brede**,** East Sussex TN31 6DH.

Both surgeries have a dispensary for dispensing medicines to patients. We inspected aspects of the dispensary at the Broad Oak site as well as the Northiam site. The remainder of the inspection took place just at the Northiam site.

The practice provides a range of clinics and services including clinics for patients with diabetes, respiratory and heart conditions, childhood immunisations, a travel clinic. and clinics to monitor treatment with blood thinning medicines. The surgery also offers a counselling service, smoking cessation and well person clinics. Minor injuries can be treated at the surgery.

The practice also offers a range of minor surgery procedures including cryotherapy (a treatment to freeze lesions such as warts), excision of moles and small skin lesions as well as removing in growing toe nails.

The percentage of patients under 18 is lower than the national average and the percentage older than 65 is almost twice the national average. Deprivation scores for the area are low compared with the national average.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr James & partners on 05 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and good in the effective, caring, responsive and well-led domains, but requires improvement in the safe domain. The full comprehensive report following the inspection on January 2016 can be found by selecting the 'all reports' link for Dr James and Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr James & Partners on 24 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Dr James & Partners on 24 January 2017. During our inspection we:

- Spoke to staff including the practice manager, practice nurse and dispenser receptionist.
- Visited the main surgery and the branch surgery.

We also reviewed evidence that demonstrated:

- All staff were trained in the safeguarding of vulnerable adults and all clinical staff were trained in the Mental Capacity Act of 2005.
- All staff had been risk assessed as to whether a DBS check was required to carry out their roles and all clinical staff had been subject to enhanced DBS checks.
- Infection control audits were being carried out on a regular basis. There were action plans in place to identify any infection prevention and control issues and they had addressed the identified concerns.
- Maximum and minimum temperatures were always recorded on all fridges containing medicines.
- There was a reliable system for recording and tracking the prescription sheets that were transferred between the main surgery and the branch surgery.
- There had been rehearsals of fire safety and evacuation procedures.
- There were procedures in place for ensuring patients were made aware of histology and other test results requiring further discussion.

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.

Good

Are services safe?

Our findings

At our previous inspection on 5 January 2016, we rated the practice as requires improvement for providing safe services as the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.

These arrangements had significantly improved when we undertook a follow up inspection on 24 January 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process:

At the inspection in January 2016 staff had demonstrated they understood their responsibilities with respect to the safeguarding of children and vulnerable adults. All staff were trained in child safeguarding to a level appropriate to their role. However, the practice could not provide evidence that all staff had completed formal training in the safeguarding of vulnerable adults or that all clinical staff had received training in the Mental Capacity Act. 2005.

At this inspection on 24 January 2017 we looked at the practices' training records and saw that all staff had completed formal training in the safeguarding of vulnerable adults and that all clinical staff had received training in the Mental Capacity Act. 2005.

In January 2016 we found that not all staff had been risk assessed as to whether a DBS check was required to carry out their roles and not all clinical staff had been subject to enhanced DBS checks. (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).

At this inspection we looked at risk assessments for two new members of staff. We saw that both staff members were individually risk assessed as to whether they required a DBS check for their role within the practice. We also saw that all clinical staff had had an enhanced DBS check.

At the previous inspection we found that Infection control audits were not being carried out on a regular basis. Additionally there was no comprehensive action plan to identify any infection prevention and control issues and to address any identified concerns.

On this occasion we found that two infection control audits had been carried out in the previous year. Areas for action had been identified after each audit and the issues raised had subsequently been resolved, for example a revised treatment room cleaning schedule had been introduced.

At our inspection of January 2016 we found that arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. However, we found was that one fridge at the branch dispensary, which did not store vaccines, had daily temperatures recorded but not maximum or minimum temperatures. Maximum and minimum temperatures should be recorded daily to ensure that vaccines are stored within a recommended temperature range of two to eight degrees Celsius. Additionally although prescription pads were securely stored and there were systems in place to monitor their use, the practice did not have a record of printer prescription numbers that were transferred between the main surgery and the branch surgery.

At this inspection we found that maximum and minimum temperatures were being recorded on the fridges including the dispensary fridge and that there was a secure system for tracking printer prescription sheets between the main and branch surgeries.

Monitoring risks to patients

At our previous inspection we had found that the last rehearsal of fire evacuation procedures that we saw a record of was in 2013.

At this inspection on 24 January 2017 we found that, in addition to a rehearsal of fire evacuation procedures that took place after our previous inspection, one had also been carried out and recorded in July 2016.

At our inspection of January 2016 we found that although there were systems in place for the management of test results, there was no system for ensuring that patients whose results required further discussion were made aware of their result should they forget to check with the practice themselves.

At this inspection we found that a new system had been introduced which ensured that all samples sent out were recorded and tracked. All results were seen and actioned by the GP. Patients were asked to phone for their results, but the GPs ensured that patients with results that needed further discussion were contacted by the practice.