

# Dr. R. A. Hutton & Partners

## Quality Report

Also known as the Reynard Surgery

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Red Lodge

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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

This inspection was an announced focused inspection carried out on 24 August 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 12 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is still rated as good.

Our key findings were as follows:

- The systems and processes to systematically record safety alerts had been improved and showed the alerts had been recorded, actions had been taken, and learning shared. This had improved the oversight of safety.
- Systematic and regular processes to ensure that patients taking high risk medicines were monitored appropriately were in place.

- Prescription stationary was monitored effectively.
- The practice had employed an additional 16 hours a week of dispensary staff to ensure the workload delegated to them was manageable and sustainable to ensure the safe management of medicines.
- All staff who undertook chaperone duties had received training appropriate to the role and a Disclosure and Barring Service (DBS) check.
- The fire safety risk assessments had been reviewed and all actions were either completed or plans were in place to ensure that patients and staff were kept safe from harm.
- One of the practice reception team had taken a role as carer's champion. The practice had systems and processes in place to formalise their knowledge of patients who were carers. There was a display with relevant information for carers in the waiting area. A member of the Suffolk Carers Association attended the practice and was available for patients to speak with.

**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



- The systems and process to ensure safe management of safety alerts and appropriate monitoring of patients taking high risk medicines had been improved.
- Prescription stationary was monitored effectively.
- The practice had employed an additional 16 hours a week of dispensary staff to ensure that the workload delegated to them was manageable and sustainable to ensure the safe management of medicines.
- All staff who undertook chaperone duties had received training appropriate to the role and a Disclosure and Barring Service (DBS) check or a written risk is undertaken.
- The fire safety risk assessments had been reviewed and all actions were either completed or plans were in place to ensure that patients and staff are kept safe from harm.

# Dr. R. A. Hutton & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Dr. R. A. Hutton & Partners

The practice is situated in the village of Red Lodge Suffolk with a branch site at Mildenhall. The practice offers health care services to approximately 8,100 patients and offers consultation space for GPs, nurses and extended attached professionals including community nurses, and a mental health worker. The practice dispenses medicines to patients who live in the surrounding villages.

The practice holds a Personal Medical Services (PMS) contract with the local Clinical Commissioning Group.

- There is one male GP who holds managerial responsibilities for the practice and one female salaried GP. In addition, one advance nurse practitioner holds a prescribing qualification, three practice nurses, and one healthcare assistant.
- There is a team of 11 administration and reception staff, led by the practice manager to support the clinical team and the clinical co-ordinator. A team of four dispensers support the dispensary manager and lead GP.
- The practice is open between 8am and 6.30pm Monday to Friday. Extended hours are offered on Wednesday mornings from 7am to 8am.
- If the practice is closed, urgent care is provided by CareUK and patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.

- The practice has a lower than average older population and a higher than average number of young families.

Male and female life expectancy in this area is 81 years for males and 86 years for females compared with the England average at 79 years for men and 83 years for women.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr R.A.Hutton on 12 January 2017 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 services and was rated as good overall. The full comprehensive report following the inspection on 12 January 2017 can be found by selecting the 'all reports' link for Dr R.A.Hutton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr R A Hutton on 24 August 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the clinical commissioning group and local medical council to share what they knew. We carried out an announced visit on 24 August 2017.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, and dispensary staff.

## Detailed findings

- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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 12 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing safety alerts and monitoring patients who were taking high risk medicines needed to be improved. Not all staff who undertook chaperone duties had received appropriate training or 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 did not have risk assessments in place to mitigate the need for the DBS check. The workload of key dispensary staff did not ensure they had the capacity to ensure the safe management of medicines.

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

### Safe track record and learning

- We reviewed the systems and processes used to manage safety alerts and found that these had been improved. The practice had a log that assured them that all the alerts received had been reviewed and any actions identified had been taken. The alerts were cascaded to the clinical team and discussed at a meeting held monthly. We reviewed three alerts and found that the practice had undertaken all necessary actions and reviewed patients appropriately. We saw evidence that, in response to a safety alert, the practice had reviewed the patients that could be affected by a specific medicine; three patients had been identified, been reviewed by a GP, and changed to a more appropriate medicine.

### Overview of safety systems and process

- 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 DBS check. The practice had included training for nurses and GPs to ensure a consistent approach to chaperoning in the practice.

### Medicines management

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and disposal).

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Certain medicines required special checks before issuing the medicine to the patient and we saw that these checks were carried out for example, checking the latest blood test date for patients on high risk medicines. The practice had implemented a systematic process to ensure regular reviews. We reviewed records of patients taking such medicines as Methotrexate, Lithium and Warfarin and saw that patients had been monitored appropriately.
- The practice carried out regular medicines audits to ensure prescribing was in line with evidence based guidelines.
- Blank prescription forms and pads were securely stored and improved systems were in place to monitor their use.
- The practice had increased the staffing hours in the dispensary team by 16 hours a week. Newly qualified staff had been recruited to support the dispensary manager and lead GP. These staff had been through an induction process and the staff we spoke with told us these additional staff members had ensured they had time to improve the safe management of medicines in the practice. This additional time had also allowed the dispensary manager and lead GP to review and develop processes. For example, they had improved the system to ensure that the medicines of patients recently discharged from hospital were checked and changes were made and communicated to the patients effectively.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. We noted at our previous inspection that the practice had undertaken a fire risk assessment but had failed to ensure all the actions identified had been carried out. During this inspection we saw that the practice had developed an action plan and that most actions had been completed and those that had not had a clear plan. For example, contractors had been booked to address the fixtures on the loft hatch.