

Dr A J Wills & Partners

Quality Report

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Date of inspection visit: 11 April 2016

Date of publication: 26/04/2016

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 of this practice on 28 January 2016. Three breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to ensuring robust processes were in place for the following;

- Check the controlled drugs register against the physical stock at regular intervals in line with the Standard Operating Procedures.
- Ensure that the practice gains consent from patients identified as carers before their information is passed on to the carers group.
- Ensure that a confidentiality agreement has been signed by the carers group and documented by the practice.

- The practice must operate robust recruitment procedures, which include undertaking any relevant checks. Ensure appropriate checks through the Disclosure and Barring Service have been completed on all of the required staff, and a risk assessment completed where necessary.

The practice made information available to us. We undertook a desk top inspection to check that they had followed their plan and to confirm that they now met legal requirements. The overall rating for the practice is Good. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 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?

At the last inspection on 28 January 2016 we found that the practice had not ensured that the appropriate checks through the Disclosure and Barring service (DBS) for clinical staff had been undertaken and that all relevant background checks were carried out. (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).

We found that the practice had not followed national guidance on prescription security, and had not followed their own procedures for checking controlled drugs. Improvements were required to ensure that risks associated with medicines were minimised.

We found that the practice had not ensured that consent was gained from patients identified as carers before their information was passed on to the carers group. A confidentiality agreement had not been signed by the carers group and documented by the practice.

We had followed up to make sure that the necessary changes had been implemented and found the practice was now meeting the standard included within this report. This report should be read in conjunction with the full inspection report from 28 January 2016.

We have not revisited Dr A J Wills and Partners as part of this review because Dr A J Wills and Partners were able to demonstrate they were meeting the standards without the need for a visit.

Good



Dr A J Wills & Partners

Detailed findings

Background to Dr A J Wills & Partners

The Burwell Surgery is situated in Burwell, Cambridgeshire. The practice provides services for approximately 8100 patients. The catchment area includes Burwell, Exning, Fordham, Swaffham Prior, Reach and Swaffham Bulbeck. The practice is a training practice for doctors training to become GPs and for medical students. The practice has a dispensary attached. They hold a General Medical Services contract. The practice has three male GP partners, three female salaried GPs, one female GP registrar and three female practice nurses. They also employ one female healthcare assistant and one female phlebotomist, a practice manager, four dispensers and 12 part time reception/administration/secretarial staff.

The practice's opening times are from 8.30am until 6pm Monday to Friday, with extended hours on Monday evenings from 6.30pm to 8.30pm. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Cambridgeshire out of hours service via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had an overall practice population comparable to national England average. The deprivation score was significantly lower than the average across England.

Why we carried out this inspection

As a result of the last inspection on 28 January 2016 we had three concerns and issued requirement notices for each breach of regulation. These were made because the practice had not ensured that robust systems were in place to ensure that clinical staff were employed with a Disclosure and Barring service (DBS) check and that all relevant background checks were carried out and documented. The practice had not ensured that correct governance was used in respect of patients on the carers register when referred to members of the carers group. The practice had not followed national guidance on prescription security, and had not followed the practice procedures for checking controlled drugs.

How we carried out this inspection

We reviewed information made available to us by the practice.

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Our findings

We reviewed information made available to us by the practice to check it had made improvements following our previous inspection on 28 January 2016 when we identified shortfalls in the way the practice;

- Ensured that staff were suitable to carry out the work they were employed to do. They had not ensured that clinical staff were employed with a Disclosure and Barring service (DBS) check and that all relevant background checks had been carried out. The practice had not completed risk assessments for the staff that didn't have a current DBS certificate.
- Followed national guidance on prescription security, and followed their own procedures for checking controlled drugs.
- Ensured that consent was gained from patients identified as carers before their information was passed on to the carers group. A confidentiality agreement had not been signed by the carers group and documented by the practice.

Since the last inspection we received an action plan from the practice informing us of the action they would take to ensure that patients were safe. On 18 March 2016 the practice confirmed that they had already undertaken the appropriate action since the original inspection in January 2016. Our focused inspection on 11 April 2016 found that the practice had implemented clearly defined systems, processes and practices.

- All relevant staff had received a DBS check and that the certificate numbers were documented by the practice and risk assessments were completed for staff where the practice deemed a DBS check was not required. We saw evidence that the practice had completed these actions.
- The practice had taken the appropriate action and provided evidence of changes made to their prescription tracking and controlled drugs checking. The practice reviewed the controlled drug policy and stipulated the date each month the stock check would take place. It formed part of the procedures at the end of each month and the controlled drugs register was then checked against the physical stock and the computer system on the first working day of each month, we saw

evidence of the previous two months stock check where it had been completed and embedded at the practice. The practice reviewed the controlled drug policy to change how the issuing of prescriptions for controlled drugs was implemented as a less complex procedure and to ensure a reduced risk of an error occurring. A different member of the dispensary staff was tasked with completing the stock check each month.

- The practice provided evidence that they had ensured all members of the carer group committee had signed a confidentiality statement to ensure that any information shared with them for the purpose of the carers group was confidential. The practice collected consent forms from all of the existing patients on the carers register to ensure they were aware that information was shared to the carers group. Patients who had not returned their written consent form to the practice were advised that it was assumed they no longer wished to receive newsletters and invites from the carers group and they were removed from the carers group list. The practice created a letter for patients to invite them to join the carers group which made it clear that their information would be shared by the practice with the group for the purposes of communicating events and updates.

There were areas that the practice should improve and during the review the practice additionally sent evidence of completion.

- The practice had generated a master list of all policies which detailed the date of the last review and when the next one was due. It provided the practice manager with a checklist which allowed a calendar reminder to be created to make sure they were checked on time in future.
- Oxygen signs were placed on the doors of rooms which contained oxygen.
- Staff appraisals were scheduled and completed and a schedule for the following 12 month appraisals was updated.
- The practice had replaced and labelled a drug which was stored outside of the fridge with the correct alternate reduced expiry date.
- The practice clinicians had lockable cupboards and to help with prescription tracking, a pack of prescriptions was issued to each room to be stored securely, so that

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they could be easily tracked. Prescriptions were recorded on delivery which included the box number and serial numbers and the date they were received. Boxes were split into packs of 200 prescriptions, labelled with serial numbers and stored in a locked cupboard, in

a room which was also locked when not in use. When the pack was issued, a label was completed stating who and what room they were issued to and then the label was placed on the practice prescription record sheet for the relevant box number.