

Petroc Group Practice

Quality Report

St Columb Major Surgery
Trekenning Road
St Columb
Cornwall
TR9 6RR

Tel: 01637 880359

Website: <https://www.petrocgrouppractice.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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desktop review of Petroc Group Practice, St Columb Major on 26 November 2015. This was to review the actions taken by the provider as a result of our issuing a legal requirement.

Overall the practice has been rated as GOOD following our findings.

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

- The provider had made improvements so that there was proper and safe management of medicines. Nurses were working from the most up-to-date guidelines about vaccinations. Blank prescription forms and prescription pads were being handled in accordance with national guidance, providing an audit trail through the practice to demonstrate that they are kept secure at all times.

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 now rated as good for safe having improved systems and processes to reduce safety risks. The management of medicines had been improved regarding the security of prescription stationary and authorisation of staff in relation to vaccinations.

Our findings at the last inspection were that staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff and the practice demonstrated they reviewed resources in line with patient needs.

Good



Petroc Group Practice

Detailed findings

Why we carried out this inspection

We carried out an inspection of St Columb Major practice on 17 February 2015 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the regulations they were not meeting.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report. This report should be read in conjunction with the comprehensive inspection report.

How we carried out this inspection

We reviewed information sent to us by the practice, which included evidence showing how systems for managing medicines had been improved.

Are services safe?

Our findings

Medicines management

Following the comprehensive inspection in February 2015, the practice sent us an action plan and provided evidence showing the improvements made. The improvements have shown that effective standard operating procedures for handling blank prescription stationary are now in place and being followed. Staff are appropriately authorised in relation to vaccinations as per national guidance.

For this desktop review we reviewed the new policy and procedures for handling blank prescription stationary. During inspections at two other practices within Petroc Group in September 2015, we reviewed these procedures again. We saw that these procedures had been cascaded and were being followed. In March 2015, the practice verified that 32 patient group directions had been reviewed, dated correctly and signed off by a senior GP partner. Nurses had received appropriate training to administer vaccines.

At the inspection in February 2015 we found no other concerns with medicines management. Medicines stored in the treatment rooms and medicine refrigerators were stored securely and only accessible to authorised staff. There was a refrigerator for medicines held for the dispensary and in the treatment room for any items requiring cold-storage. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described.

There were processes in place to check medicines were within their expiry date and suitable for use. All the

medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. We saw records of practice meetings that noted actions taken in response to review prescribing data. Audits had taken place of the prescribing of antibiotics and high cost medicines

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed safely and effectively. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary. All the repeat prescriptions were reviewed and signed by a GP before they were dispensed or given to the patient.

Manufacturer's patient information leaflets were supplied with all dispensed medicines. The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. These procedures were always followed by the dispensary staff. There were arrangements in place for the destruction of controlled drugs. All dispensed medicines were scanned using a barcode system to help reduce any dispensing errors.

The practice had a system in place to assess the quality of the dispensing process.