The Roseland Surgeries

Quality Report

Gerrans Hill
Portscatho
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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 inspection of The Roseland Surgeries on the 16 August 2016. This review was performed to check on the progress of actions taken following an inspection we made on 3 February 2016. On that occasion we found the practice required improvement for the provision of safe services, and was rated good for providing effective, caring, responsive and well led services. We rated all patient population groups as good.

Following our 3 February 2016 inspection the provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 16 August 2016 we found the provider had made the necessary improvements.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published on 31 March 2016. This can be done by selecting the 'all reports' link for The Roseland Surgeries on our website at www.cqc.org.uk

Specifically we found:

- Risks to patients were assessed and well managed. Risks associated with the safe management of prescription pads followed national guidance standards.
- New standard operating procedures had been introduced to ensure that patients accepting deliveries of controlled drugs were asked for identification in line with national guidance.
- All dispensary processes were now covered by standard operating procedures that had been read and signed off as being understood by relevant staff.
- Systems were in place which ensured that information about medicine use was available to patients when they collected their medicines.

In addition to making improvements to the regulation breaches the practice had also acted upon suggestions for good practice as detailed in the previous inspection report.

- The temperature of the vehicle used for medicine deliveries was monitored and recorded in writing in order for action to be taken if appropriate to protect the integrity of the medicines.

We have amended the rating for this practice to reflect these improvements. The practice is now rated good for the provision of safe, effective, caring, responsive and well-led services.

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 practice had taken appropriate action to achieve a rating of good for the provision of safe services. Records we reviewed confirmed this.

The practice had addressed the issues judged as contributing to a breach of regulations at our inspection on 3 February 2016. Specifically, improvements had been made to ensure that:

- Procedures for storing and recording blank prescriptions had been reviewed and amended to ensure national guidance was being followed.
- New standard operating procedures had been introduced to ensure that patients accepting deliveries of controlled drugs were asked for identification in line with national guidance.
- All dispensary processes were now covered by standard operating procedures that have been read and signed off by relevant staff.
- A new system was in place which ensured that information about medicine use was available to patients when they collected their medicines.

The Roseland Surgeries

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector and a Pharmacy Inspector undertook this focused follow up inspection.

Background to The Roseland Surgeries

The Roseland Surgeries was inspected on Tuesday 16 August 2016. This was a focused follow up inspection.

The main practice is situated in the coastal town of Portscatho, Cornwall. The area is rated seven on the deprivation decile on a scale of 1-10 which meant that the area was relatively affluent compared to the national average. Census data showed that 98% of the population identified themselves as white British. There were two branch locations, one at Tregony and the other at St Mawes. The practice provides a primary medical service to 3,600 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice.

There is a team of four GPs partners, three male and one female. Some worked part time and some full time. The whole time equivalent was 2.5 GPs. Partners hold managerial and financial responsibility for running the business. There was currently one GP registrar at this training practice. The team is supported by a practice manager, a deputy practice manager, two practice nurses, a treatment room nurse and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors who are based at the practice. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered at the following times, 7am to 8am every Tuesday morning and twice a month on Saturday morning's 9am and12 noon.

Outside of these times patients are directed to contact the South West Ambulance Foundation Trust out of hour's service by using the NHS 111 number.

The practice offers a range ofappointment types including book on the day, telephone consultations and advance appointments.

The practice has a General Medical Services (GMS) contract with NHS England.

The Roseland Surgeries provides regulated activities from the main site at Gerrans Hill, Portscatho, Kernow TR2 5EE and two smaller branches, one at Hill Head, St Mawes, Kernow TR2 5AL and the other at Well Street, Tregony, Kernow TR2 5RT. During our inspection we visited the main site at Portscatho. We did not visit the two branch sites.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 16 August 2016 and we published a report setting out

our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting at that time.

This focused inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, review the breaches identified and the ratings awarded for the safeand well-led domains, under the Care Act 2014.

We inspected the practice, in part, against one of the five questions we ask about services, is the service safe. This is because the service had previously not met some regulatory requirements. At our previous inspection in February 2016 the effective, caring, responsive and well led domains were rated as good. Therefore, these domains were not re-inspected at this follow up inspection. Similarly, the six population groups were also rated as good during our comprehensive inspection on February 2016.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. Prior to our visit on 16 August 2016 the practice confirmed they had taken the actions detailed in their action plan. We carried out an announced visit on 16 August 2016.

During our visit we undertook some observations of the environment. We met with the practice manager and the dispensary manager. We reviewed documents relating to the management of the service. All were relevant to demonstrate the practice had addressed the breach of regulations identified at the inspection of 3 February 2016.

Good

Are services safe?

Our findings

Overview of safety systems and processes

In February 2016 the practice did not comply with the safe management of prescription pads in line with NHS Protect national guidance standards. Patients accepting deliveries of controlled drugs were not being asked for identification in line with national guidance. Not all dispensary processes were covered by standard operating procedures that had been read and signed off as being understood by relevant staff. Systems were not in place to ensure that information about medicine use was available to patients when they collected their medicines.

After the inspection, the practice sent us a plan showing how these issues would be addressed and we monitored this with the practice.

At our follow up inspection on 16 August 2016 we found that significant improvements in all of the required areas had been made and rated the practice as good for the safe domain and good overall.

During our visit on 3 February 2016 we found there was a risk that fridges storing medicines could be accidentally turned off as the fridges were not hard-wired and the plugs, which were accessible, were not identified as plugs which should be kept on at all times. During our latest inspection on 16 August 2016 we found that the plug had now been made inaccessible in line with national guidance.

On 3 February 2016 we found that blank prescription forms for use in printers, and also pre-printed prescription pads were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. During our latest visit on 16 August 2016, we found that improvements had been made and that procedures for storing and recording blank prescriptions had been undertaken which ensured that national guidance was being followed. Forms were stored securely and a complete audit trail tracked these forms through the practice.

During our previous visit we found that national guidance was not being followed as patients accepting deliveries of controlled drugs were not being asked for identification. The practice had introduced a new standard operating procedure to rectify this. We saw evidence that this was had been fully implemented and that the required improvement had been made.

When we inspected the practice dispensary on 3 February 2016 we found that not all dispensary processes were covered by standard operating procedures which had been read and signed off by relevant staff. On our follow up visit on 16 August 2016 we found that all dispensary processes were now covered by standard operating procedures which had been read and signed by all relevant staff. For example, a standard operating procedure on managing repeat prescriptions.

The practice had also made improvements which ensured that information about medicines use was available to patients when they collected them. A poster was now displayed at the dispensary which offered patients a single point of contact via the dispensary manager for advice should they have any queries about their medicines.