

Dr P Craven and Dr N J Cunningham

Quality Report

Allen Street Clinic

Allen Street

Cheadle

Staffordshire

ST101HJ

Tel: 01538 752674

Website: www.allenstreetclinic.com

Date of inspection visit: 10 July 2017

Date of publication: 04/08/2017

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

Overall summary	Page 2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Dr P Craven and Dr N J Cunningham	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr P Craven and Dr N J Cunningham on 12 January 2017. The overall rating for the practice was good with requires improvement for providing safe services. The full comprehensive report on the 12 January 2017 inspection can be found by selecting the 'all reports' link for Dr P Craven and Dr N J Cunningham on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 July 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 rated as good.

Our key findings were as follows:

- Significant events were formally recorded, reviewed and learning shared with staff. However, a system to review significant events to identify patterns or trends was not in place.

- Infection control issues were assessed and actioned accordingly.
- Systems for reviewing patients prescribed a high risk medicine had been implemented.
- A suitable medicines refrigerator was in use in the dispensary.
- Patient Group Directions were signed and authorised.

We also saw the provider had implemented the best practice recommendations we previously made in relation to providing an effective and caring service:

- A salaried GP's appraisal had been completed.
- A partition wall between two consultation rooms was in the process of being completed to ensure that private conversations were not overheard.
- Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

Summary of findings

- Implement a system to review significant events to identify patterns or trends.

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 rated as good for providing safe services.

- Significant events were formally recorded, reviewed and learning shared with staff. However, a system to review significant events to identify patterns or trends was not in place.
- Infection control issues were assessed and actioned accordingly.
- Systems for reviewing patients prescribed a high risk medicine had been implemented.
- A suitable medicines refrigerator was in use in the dispensary.
- Patient Group Directions were signed and authorised.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a system to review significant events to identify patterns or trends.

Dr P Craven and Dr N J Cunningham

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector and included a member of the CQC medicines team.

Background to Dr P Craven and Dr N J Cunningham

Dr P Craven and Dr N J Cunningham is registered with the Care Quality Commission (CQC) as a partnership provider in Cheadle, North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

Dr P Craven and Dr N J Cunningham is a semi-rural dispensing practice in Cheadle, North Staffordshire. Cheadle is a small market town situated 11 miles from the city of Stoke on Trent and is served by limited public transport. The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 4,140 patients. There is a higher proportion of older patients registered with the practice when compared with the national practice average. For example, 27% of the practice population are over 65 years old compared with the national average of 17% and 10% of

the practice population are over 75 years old compared with the national average of 8%. The percentage of patients with a long-standing health condition is 51% which is comparable with the national average of 53%.

The practice is open between 8.30am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. It does not close over lunchtime. With the exception of Thursdays, GP appointments are available from 8.30am or 9am until 11am or 11.30am. Home visits are made daily, after the morning clinic session. GP appointments are available in the afternoon from 2pm until 4pm (except

Thursdays). The GP 'on duty' sees patients between 3.30pm and 5.30pm. Nurse appointments are available for most of the day, with the exception of a short break at lunchtime. On Thursdays the practice is open from 8.30am until 1pm and the practice closes in the afternoons. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care, when the practice is closed.

The practice staffing comprises of:

- Three GP partners and a salaried GP (two female and two male)
- Three female practice nurses
- A phlebotomist
- A practice manager
- A dispenser
- A team of administrative and ancillary staff working a range of hours.

Detailed findings

Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr P Craven and Dr N J Cunningham 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 good overall with requires improvement for providing safe services. The full comprehensive report following the inspection on 12 January 2017 can be found by selecting the 'all reports' link for Dr P Craven and Dr N J Cunningham on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr P Craven and Dr N J Cunningham on 10 July 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 P Craven and Dr N J Cunningham on 10 July 2017. This involved reviewing evidence to ensure that:

- Patient Group Directions were signed.
- Infection control issues were monitored and actioned accordingly.
- Systems for reviewing patients prescribed a high risk medicine had been implemented.
- A suitable medicines refrigerator was used in the dispensary.
- Significant events were formally recorded, reviewed and learning disseminated from them.
- GP appraisals were undertaken.
- The dignity and privacy of all patients was maintained.
- Staff had received appropriate training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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. This was because:

- Significant events were not adequately recorded, reviewed and learning was not disseminated from them to all staff.
- Infection control had not been adequately assessed.
- Systems for reviewing patients prescribed a high risk medicine were not in place.
- An unsuitable medicines refrigerator was used in the dispensary to store medicines.
- Patient Group Directions had not been authorised or signed.

These arrangements had improved when we undertook a follow up inspection on 10 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough and lessons learnt were communicated to staff at practice meetings to support improvement. However, there was no system in place to identify patterns and trends to support learning. For example, we reviewed the eight significant events recorded at the practice since our previous inspection. We identified there had been a missed opportunity to identify a trend of mixing up letters/ prescriptions between siblings.

Overview of safety systems and process

- Infection control issues were monitored and actioned. An infection control audit had been completed since our previous inspection and the practice had achieved 80% compliance. An action plan had been put in place and

actioned to address issues identified. For example, a new couch had been purchased to replace the rusty couch we identified at our previous inspection. Clinical rooms were visibly clean and cleaning rotas were in place and signed by practice nurses and cleaners. The practice manager carried out regular spot checks to ensure the cleaning was to an appropriate standard. The practice was in the process of replacing worn carpets in clinical rooms with an appropriate floor covering. However, we saw that the disposable privacy curtains had not been dated to ensure staff knew when to change them.

- Clinical staff told us that blood test results were checked prior to a repeat prescription for warfarin (a medicine that stops blood clotting) being issued. The practice received the blood test results electronically from the external monitoring service which included the blood test results, dose of warfarin and next test date. The GPs reviewed these prior to signing repeat prescriptions meaning the GP was assured it was safe to prescribe the medicine. There was no written policy in place at the time of our inspection to support this process. The day after our inspection the practice forwarded a copy of their policy to us which fully described the process.
- A suitable fridge had been purchased and was in use to store medicines in the dispensary. We saw that temperature monitoring of the fridge was in place although the fridge temperature had not been reset on a daily basis. A secondary fridge temperature log demonstrated that temperatures had not fallen outside of the required range.
- The Patient Group Directions (PGDs) were appropriately authorised for use in the practice and had been signed by the practice nurses working within them. PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription.