

# Mid Devon Medical Practice

## Quality Report

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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

Our inspection team	4
Background to Mid Devon Medical Practice	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

This announced focused inspection was carried out on 10 October 2017. The focus of the inspection was to determine whether medicines management and infection control systems were embedded and reducing any potential risks to patients and staff.

At the previous comprehensive inspection on 27 October 2014, we identified potential risks in the timing of when scripts were signed by the prescribing GP and the security of controlled drugs (medicines requiring additional monitoring and secure storage). A legal requirement was made in regard to these issues. In March 2015, the published overall rating for the practice was Good. The practice submitted an action plan to the Care Quality Commission (CQC), which we monitored. A desktop review was completed in August 2015 to follow up the improvements made by the practice to address the shortfalls in medicines management. The full comprehensive report for the October 2014 inspection and August 2015 desktop review can be found by selecting the 'all reports' link for Mid Devon Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is rated as Good

Our key findings were as follows:

- The practice had clearly defined and embedded systems ensuring that controlled drugs were being managed and held securely at all sites and that all repeat prescriptions were being signed prior to giving medicines to patients. Governance had been strengthened around medicines management with the employment of a practice pharmacist manager responsible for monitoring and development of procedures.
- Infection control arrangements had improved with audits seen demonstrating that learning and actions had led to sustained change and provide assurance of risk management.
- Engagement with patients continued to be an area for development. Work was continuing with this to encourage patients to value the patient participation group (PPG) as an important way to provide feedback and be involved in the development of the service.
- Succession planning and implementation of GP recruitment and retention was effective, within the context of the severe national shortage of GPs. An additional GP partner had joined the practice.

**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 safe services

Good



- The governance of medicines management to reduce any potential risks had been strengthened since the last inspection. For example, all repeat prescriptions are being signed by a doctor prior to giving medicines to patients.
- Controlled medicines were held securely and managed safely.
- Infection control quality assurance systems were in place and demonstrated learning was used to make improvements to reduce cross infection risks to patients and staff.
- A review of staffing resources based on patient needs had resulted in increased GP sessions and the appointment of a practice pharmacist manager.



# Mid Devon Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The focused inspection was carried out by a Lead CQC Inspector. The team included a Pharmacist specialist adviser.

## Background to Mid Devon Medical Practice

Mid Devon Medical Practice is a GP practice providing NHS primary care services for approximately 5000 patients. The practice provides a service to people living in Witheridge and surrounding villages in Devon covering approximately 300 square miles.

The practice has a Primary Medical Services (PMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

The practice is run from three sites:

Witheridge Medical Centre - Cannington Road, Witheridge, Tiverton Devon EX16 8EZ

Morchard Bishop Surgery - Chulmleigh Road, Morchard Bishop, Crediton Devon EX17 6NZ

Cheriton Fitzpaine Surgery - Barton Close, Cheriton Fitzpaine, Crediton Devon EX17 4JB

We visited all three sites during our inspection on 10 October 2017.

The practice population area is in the fifth more deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age

distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is higher than national figures with males living to an average age of 81 years and females to 86 years.

The practice has four GP partners and two salaried GPs, four of whom are male and two are female. The GPs work a total of 31 sessions per week which is a whole time equivalent (WTE) of 3.44. The GPs are supported by two practice nurses and a Health Care Assistant. The practice has a practice manager, a pharmacy manager and 14 administrative and reception staff.

Witheridge Medical Centre opening hours are from 8am until 6pm (closed 1pm to 2pm). Patients are able to collect medicines from the dispensary on Monday, Tuesday and Friday 9am until 6pm; Wednesday and Thursday 9 am until 4 pm (closed 1pm to 2pm).

Cheriton Fitzpaine Surgery opening hours are from Mon 8.30am until 2pm; Tue & Wednesday and Thursdays 8.30am until 1pm and 2pm until 6pm, Friday 8.30am until 2pm. Patients are able to collect medicines from the dispensary at Cheriton Fitzpaine Surgery which is open at the same times as above.

Morchard Bishop Surgery opening hours are Monday, Wednesday and Friday 8:30am until 2:00pm; Tuesday and Thursday 8.30am until 6.30pm (closed 1 to 2pm). Patients are able to collect medicines from the dispensary on Monday, Wednesday and Friday between 10am and 1pm; Tuesday and Thursday 10am – 6pm (closed 1pm-2pm). Emergency Out of Hours cover is delivered by another provider.

The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service.



# Detailed findings

Mid Devon Medical Practice is a GP training practice with one approved GP trainer. The practice provides registrar placements for qualified doctors wanting to qualify as GPs and foundation year two (F2) doctors.

The practice offers a number of services for its patients including; family planning, minor surgery, diabetes care, hypertension clinics and travel vaccines.

## Why we carried out this inspection

We undertook a comprehensive inspection of the Mid Devon Medical Practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection in October 2014 can be found by selecting the 'all reports' link for the Mid Devon Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection of the Mid Devon Medical Practice on 10 October 2017. This inspection was carried out to determine whether medicines management and infection control systems were embedded reducing any potential risks to patients and staff.

## How we carried out this inspection

We carried out an announced focused inspection at short notice. We looked at management and governance arrangements and a sample of records across all three sites at Witheridge, Cheriton Fitzpane and Morchard Bishop. We discussed these with two GP partners, a practice nurse, the practice manager and the pharmacist manager.

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 27 October 2014 we rated the practice as requires improvement for providing safe services. There were areas where the practice needed to improve in regard to medicines management and infection control systems and patient engagement. The practice provided evidence demonstrating changes had been made, which were reported upon in a desktop review report in August 2015. These provided a focus for this inspection to determine whether changes made were embedded and safety sustained for patients through effective management of risks.

### Overview of safety systems and processes

At the inspection in October 2014, we found potential risks in regard to the timing of when GPs signed repeat prescriptions before the medicines were given patients and the security of controlled medicines.

In August 2015, the practice provided the Care Quality Commission (CQC) with an updated operating procedure for secure storage of controlled medicines and signing off scripts for dispensing to patients. We reported on this in a desktop review at the time.

On 10 October 2017, we found the practice had strengthened governance arrangements having reviewed lead roles and responsibilities for GP partners. This had led to the employment of a practice pharmacist manager whose role and responsibilities included implementation and monitoring of dispensary and prescribing procedures. Since their appointment, the pharmacist manager told us they had reviewed a number of procedures including updating the ones covering management of controlled medicines and prescribing.

We visited all three practices and looked at arrangements in all three dispensaries. All staff verified how they accessed electronic procedures and told us paper versions were also held. Records were kept in a consistent way, providing the practice with an audit trail of when and to whom controlled drugs had been dispensed to. The storage arrangements at all three sites of controlled and other medicines was secure. Appropriate measures were seen for the storage and destruction of out of date controlled medicines.

Staff verified they worked closely with the local NHS England Accountable Officer to ensure safe destruction of controlled drugs when needed. Random audits were documented in all three controlled drug registers demonstrating the practice had improved its monitoring and governance of these arrangements. For example, an audit had found a discrepancy which was resolved and staff awareness raised about the expectations of the standard of checks required. The pharmacist manager told us there had been no further incidents after this, which was confirmed in the records seen.

At all three sites we found procedures were followed consistently and had reduced any potential risks associated with dispensing repeat prescriptions to patients. We discussed the repeat prescribing procedures with staff and looked at all scripts awaiting collection by patients. The same procedure was described and found to be implemented, which demonstrated that no prescription was dispensed for a patient without being first signed off by the prescribing GP. GPs and the pharmacist manager showed us safety systems in patient records, where the number of repeat prescription requests for each medicine could be authorised without the patient being reviewed. The system made GPs accountable for medicine reviews at given set intervals and would not allow any medicine to be prescribed and dispensed unless the review had taken place.

In October 2017, we found improvement in the quality assurance in regard to infection control management. The practice had a named lead who was the practice nurse at the Witheridge site. We looked at a number of audits completed since 2014 covering processes, environment and procedures. These demonstrated where gaps had been identified, actions were taken to address these and then were re-audited. For example, one audit identified that not all GPs, including locums and registrars had received handwashing instruction during their induction. The induction procedures had been reviewed and records demonstrated that all GPs, including the few locums used and GP registrars had received this training and their handwashing technique assessed. The nurse lead told us refurbishment was underway at the Morchard Bishop site and had been completed at Cheriton Fitzpane to upgrade facilities in the treatment rooms as a result of action plans put in place following audit. At Cheriton Fitzpane, we saw these improvements.



## Are services safe?

Patient engagement had increased through the development of a patient participation group since the last inspection. This group was not active at the time of the inspection as members who left the practice had not yet been replaced. Up until recently, the practice had a patient representative on the CCG (clinical commissioning group) Mid Devon Patient Panel. However, the GPs and practice manager told us this continued to be an area of development as after considerable advertising only three patients had expressed an interest in joining the PPG. They told us they used several ways to raise awareness with all patients about the value of being involved and providing feedback to promote safety, supportive and effective care for all the population registered at the practice. The practice used the Friends and Family test, online surveys

and NHS choices feedback from patients. For example, at the time of the inspection patient feedback on the NHS choices website showed the practice had achieved the highest rating of five stars.

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The GP partnership had increased with a new GP partner in the process of registering with CQC when we inspected. This had increased the number of GP sessions available for patients. A pharmacist manager had been appointed whose roles and responsibilities included provision of pharmaceutical advice to patients which was planned to include pharmacist led patient medicines reviews.