

Dr Roy Alexander

Inspection report

7 Marshalls Road
Raunds
Wellingborough
Northamptonshire
NN9 6ET

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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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of Dr Roy Alexander also known as Marshalls Road Surgery on 17 July 2018. This inspection was undertaken to follow up on warning notices we issued to the provider in relation to Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance.

The practice received an overall rating of inadequate at our inspection on 29 January 2018 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

The full comprehensive report from the January 2018 inspection can be found by selecting the 'all reports' link for Dr Roy Alexander on our website at .

Our key findings were as follows:

- The practice had complied with the warning notices we issued and had taken the action needed to comply with the legal requirements.
- Systems in place to safeguard children and vulnerable adults had been improved.

- Evidence of pre-employment checks was now available and all staff had received a disclosure and barring (DBS) check.
- Staffing levels had been reviewed and additional staff had been recruited to support the practice manager.
- Measures had been put in place to ensure the safe and appropriate use of medicines.
- A fire risk assessment had been completed by a qualified person and appropriate actions had been taken in response to the assessment.
- Staff now understood their duty to raise concerns and report incidents and near misses.
- Processes had been implemented to ensure the management of safety alerts received.
- Governance arrangements in the practice had been strengthened. Staff meetings were formalised and policies and procedures had been reviewed and now covered all pertinent areas including business continuity, safeguarding and infection control.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team consisted of a CQC lead inspector and a GP specialist adviser.

Background to Dr Roy Alexander

Dr Roy Alexander also known as Marshalls Road Surgery provides a range of primary medical services to the residents of Raunds and surrounding villages. The service is provided from a registered location Dr Roy Alexander, 7 Marshalls Road, Raunds, Wellingborough, NN9 6ET. The practice has a dispensary.

The regulated activities registered to provide are:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice population is predominantly white British and has a lower than average number of patients aged

five to 14 years and a higher than average number aged over 65 years. National data indicates the area is one of low deprivation. The practice has approximately 2,580 patients and services are provided under a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice has a principal male GP and employs a female practice nurse. There is a practice manager and a team of reception, administrative and dispensing staff.

The practice is open from 8am to 6.30pm Monday to Friday. When the practice is closed out-of-hours services are provided by Integrated Care 24 and can be accessed via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Roy Alexander on 29 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. The full comprehensive report following the inspection on 29 January 2018 can be found by selecting the 'all reports' link for Dr Roy Alexander on our website at www.cqc.org.uk.

We issued warning notices to the provider and informed them they must become compliant within the law by 3 April 2018 for safe care and treatment and 21 May 2018 for good governance.

We undertook a follow up focused inspection of Dr Roy Alexander on 17 July 2018. 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.

Are services safe?

At our previous inspection on 29 January 2018, we rated the practice as inadequate for providing safe services as the arrangements in respect of safeguarding, fire safety, arrangements to deal with emergencies, the management of controlled drugs, the storage of prescription safety, recruitment checks, safety alerts and significant events were not adequate.

These arrangements had improved when we undertook a follow up inspection on 17 July 2018.

Safety systems and processes

At the inspection in January 2018:

- The practice could not provide evidence that they had policies in relation to child safeguarding or child protection. The non-clinical staff in the practice had not received safeguarding training. The practice now had appropriate systems to safeguard children and vulnerable adults from abuse. There was a safeguarding policy available to all staff on the practice computer system and local authority contact details for safeguarding concerns were available in the consultation and treatment rooms. All staff had now received up-to-date safeguarding training appropriate to their role.
- Evidence of pre-employment checks relating to satisfactory conduct in previous employment and Disclosure and Barring Services (DBS) checks had not been completed for all staff. There was no risk assessment completed to determine the need for DBS checks. (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.) Following the January 2018 inspection, the practice recognised that information relating to staff was not held in an orderly fashion so pertinent information could not be found when requested. All staff now had a file that showed the practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis this included information relating to satisfactory conduct in previous employment. DBS checks had now been completed for all staff.

Risks to patients

At the inspection in January 2018:

- The practice's arrangements to cover sickness absence and planned leave were not always effective. There was insufficient staff to man the reception desk if a chaperone was required and adequate cover was not provided when the practice nurse was on leave. At the inspection in July 2018 we reviewed the staff rotas and found that there was at least two members of staff scheduled to cover the reception desk at all times. There was also a dispenser who could cover if needed. We were informed that when the practice nurse was on leave the GP would see their patients. The practice also buddied with another practice in the local area to provide clinical support for each other in the event of absences.
- The practice manager worked primarily from home. Since the January 2018 inspection the practice had recruited an additional administrative member of staff who dealt with the day to day running of the practice. They could contact the practice manager via telephone or email for support if needed.

Safe and appropriate use of medicines

At the inspection in January 2018:

- The emergency medicines were not stored securely and the emergency equipment was stored in separate rooms within the practice so it was not easily accessible in the event of an emergency. At the July 2018 inspection we found that the emergency medicines and equipment were all stored together in a secure area of the practice. There was signage in the practice to identify where this was and all staff were aware of how to access the equipment.
- Intubation tubes contained with the emergency equipment were discoloured and visibly degraded. The practice had risk assessed the need for the intubation tubes and decided to discard them as they were not recommended for use in the event of resuscitation.
- The practice did not keep stock of all the emergency medicines recommended for general practice, specifically medicines required for the treatment of suspected meningitis. Following the inspection, the practice reviewed the emergency medicines held and we observed they now had an adequate supply of emergency medicines.
- Prescription stationary was not stored securely and systems in place to monitor its use were not operated effectively. At the July 2018 inspection we found

Are services safe?

prescriptions (pads and computer prescription paper) were kept securely and monitored. We observed that a log was kept and prescriptions could be tracked within the practice.

- The dispensing of controlled drugs did not ensure that patients were kept safe. The controlled drugs register was not held with the controlled drugs and the stock recorded in the register did not match the level of stock held. Following the inspection, the practice made the decision to no longer dispense controlled drugs.
- The air temperature in the dispensary was not being monitored. This meant that the practice could not be assured that medicines were being kept at the required temperature. The practice now recorded the temperature of the dispensary daily. They had installed electric fans and an air conditioning unit to use in the event of the temperature recorded above the recommended level for the safe storage of medicines.
- At times the door to the dispensary was left unlocked and open with no staff member in attendance. At the July 2018 inspection we observed the dispensary door now had a key pad lock and was kept locked and closed when a staff member was not in the dispensary.

Track record on safety

At the inspection in January 2018:

- The fire risk assessment had been completed by a former staff member who was not competent to carry out the assessment and some sections had not been completed. The practice had utilised the services of an external company to complete a fire risk assessment in April 2018. The risk assessment identified areas for immediate attention and we observed that these had been actioned by the practice. For example, fire doors were all kept closed, filing cabinets had been removed

from the vicinity of a fire door and fire notices were placed around the building with instructions of actions to take in the event of a fire. We also noted all staff had up to date fire safety training. Fire drills had been carried out in April and June 2018 and logs were kept of weekly fire alarm and emergency lighting checks.

Lessons learned and improvements made

At the inspection in January 2018:

- The system for reporting and recording significant events was not operated effectively. We were not assured that all significant events were identified and recorded. At the inspection in July 2018 we observed the practice had reviewed how they reported and recorded significant events. Recording forms were available for staff both electronically and in hard copy in the reception area. Significant events were now a standing agenda item for all team meetings. We saw evidence of an event that had been identified in April 2018 regarding an incorrect prescription. The event had been documented, with lessons learnt identified. Minutes of the practice meeting showed that the event and lessons learnt had been discussed with all staff members present.

The process for receiving and acting on safety alerts was not evident. Alerts received were not logged or retained and there was no evidence of discussion of new alerts. Following the inspection, the process was reviewed. The practice manager initially received the alerts and disseminated them to the GP, practice nurse and dispensary staff for action. A hard copy of the alert was kept with a record of actions taken. Safety alerts were now a standing agenda item for all staff meetings.

Are services well-led?

At our previous inspection on 29 January 2018, we rated the practice as inadequate for providing well-led services as the arrangements in respect of governance arrangements, policies and procedures and risk assessments were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2018.

Governance arrangements

At the inspection in January 2018:

- We were informed that formalised clinical or governance meetings were not taking place. The practice now had a monthly meeting schedule for all staff. We noted there was a set agenda in place which covered areas such as safeguarding, complaints and significant events at every meeting. Performance and safety alerts were also covered. The practice recorded minutes of these meetings for staff who were not able to attend to access.
- We found that some policies and procedures were not accessible particularly in relation to safeguarding and infection control. There were policies and procedures that did not have a review date which meant staff could not be assured they were viewing a current document. At the July 2018 inspection we found that the practice now had policies in place that covered safeguarding and infection control.
- Staff training had not been recorded. The practice was unable to demonstrate that staff had received training in relation to safeguarding and information governance. We reviewed training records and found that all staff had completed safeguarding and information governance training in April 2018.

Managing risks, issues and performance

At the inspection in January 2018:

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not in place. For example, in respect of fire risk, the risk not stocking specific emergency medicines, the risk associated with reception staff working alone in the afternoons and risks associated with the security of patient notes. At the July 2018 inspection we found that a fire risk assessment had been completed. The practice

had reviewed the emergency medicines they required and now had an adequate stock of these. Staff rotas indicated that there were at least two staff members working in the reception area at all times. The patient notes were now securely stored in locked cabinets with the keys in a separate locked key safe.

- The practice had a business continuity plan in place. However, this contained very limited detail and did not clearly identify how the practice would continue to operate in the event of specific situations; for example, in respect of the practice's premises being unavailable. The practice now had a comprehensive business continuity plan in place. The plan could be accessed off site and contained contact details of staff members and relevant utility companies. The plan documented actions to be taken for different events that may affect the running of the practice.

Appropriate and accurate information

At the inspection in January 2018:

- Patient note summarising was undertaken by the practice manager from home. The risks associated with taking patient records off site and storing these away from the practice had not been assessed. The practice had now completed a risk assessment for this activity. There was an information governance policy and home working policy in place. The computer used for the work at home had a virtual private network (VPN) to the practice computer system that was encrypted to prevent unauthorized access.

Engagement with patients, the public, staff and external partners

At the inspection in January 2018:

- We were informed that the practice did not have an active patient participation group (PPG). At the July 2018 inspection the practice informed us that due to difficulty in recruiting patients to a PPG they had engaged with the East Northants Patient Locality Engagement Group. The group sought the views of patients across the East Northants locality area that included the practice. The practice also discussed options of forming a virtual group in the future.