

# Crown House Surgery

## Quality Report

Retford Primary Care Centre

Retford

Nottinghamshire

DN22 7XF

Tel: 01777 703672

Website: [www.crownhousesurgery.co.uk](http://www.crownhousesurgery.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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown House Surgery on 13 July 2016. The overall rating for the practice was Good but with a rating of Requires Improvement for safety. Although no breaches of regulations were found at the July 2016 inspection, areas for improvement were identified. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Crown House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 June 2017 to confirm that the practice had made improvement in the areas we identified in our previous inspection on 13 July 2016. This report covers our findings in relation to those improvements.

Overall the practice is rated as Good.

Our key findings were as follows:

- A policy to manage safety alerts had been developed and implemented.
- Security of blank prescription forms and pads had been improved in line with national guidance.
- The recruitment policy and procedure had been reviewed and updated.
- Detailed records to enable analysis of complaints had been developed and implemented. The practice provided minutes of a meeting where trends over a 12 month period had been discussed, areas for improvement had been identified and action to improve had been agreed.

Area where the provider should make improvement are:

- Maintain records of immunisation status for all staff.

**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?**

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

- A policy to manage safety alerts had been developed and implemented.
- Systems were in place to check the immunisation status of all staff although records of status were not consistently maintained.
- Security of blank prescription forms and pads had been improved in line with national guidance.
- The recruitment policy and procedure had been reviewed and updated.

**Good**



# Crown House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector

## Background to Crown House Surgery

Crown House Surgery is situated on the first floor within a purpose built primary care centre within the grounds of Retford Hospital in Retford Primary Care Centre, Retford, Nottinghamshire, DN22 7XF. Car parking and disabled access, via a lift, is provided.

The practice provides Personal Medical Services (PMS) for 11,949 patients in the NHS Bassetlaw Clinical Commissioning Group (CCG) area. Enhanced services are provided and include those for patients living with dementia and learning disability.

They have a patient population which is slightly higher than average for patients who are over 50 years of age and lower for patients less than 40 years of age. The practice is situated in a fifth least deprived area nationally.

There are five male and two female GP partners. There are five nurses including an advanced nurse practitioner (ANP) and two health care assistants (HCA). A pharmacist is also employed for eight hours per week. There is a practice manager and a large administration team.

This is a training practice for qualified doctors intending to become General Practitioners.

Opening times are Monday and Tuesday 8am to 6.30pm  
Wednesday, Thursday and Friday, 7.30am to 6.30pm.

When the practice is closed the patients are directed to call the NHS 111 service.

The CQC registration for the practice was not up to date in that one partner had retired and a new partner had joined the practice. The practice manager told us they would address this as soon as possible.

## Why we carried out this inspection

We undertook a comprehensive inspection of Crown House surgery on 13 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good but with requires improvement for safety. The full comprehensive report following the inspection on 13 July 2016 can be found by selecting the 'all reports' link for Crown House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Crown House Surgery on 20 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager.
- Looked at information the practice used to manage the practice.

# Detailed findings

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 13 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safety alerts, infection prevention and control, recruitment and security of blank prescriptions required improvement.**

**We found improvements had been made to these arrangements when we undertook a follow up inspection on 20 June 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

At the inspection in July 2016 we found staff were aware of the safety alerts and were able to describe how these were distributed and actioned. However, the practice did not maintain a log of the alerts received and a record of the actions taken in response to the alerts to minimise risk.

At the inspection on 20 June 2017 we found a policy to manage safety alerts had been developed although this had not been fully implemented in that a log of all the patient safety alerts received was not maintained. However, a record of some of those alerts requiring further action was maintained. For example, the practice procedure stated on receipt of an alert this would be added to the practice electronic management system known as the practice portfolio. However, we saw only a record of those alerts requiring further action was maintained. The practice manager told us they may discuss the relevance of an alert to the practice with a member of clinical staff to decide if any further actions were necessary. If the decision was that the alert was not relevant and did not require any further action the alert was not logged and this decision making process was not recorded. The practice manager told us they would log all alerts and any action taken in future as per the practice procedure. The practice manager provided detailed evidence following the inspection to show they had, since the 20 June 2017 inspection; logged alerts received dating back to August 2016 and any actions taken.

### Overview of safety systems and processes

At the inspection in July 2016 we found not all staff had had their immunisation status checked.

At the inspection on 20 June 2017 the practice manager told us the practice had been working with the occupational health department and a process to complete checks for non-clinical staff had been agreed. The checks had been arranged and the practice manager assured us these would be completed by the end of July 2017. The practice manager told us the checks had been prioritised depending on staff role and associated risk. There were systems in place to check clinical staff immunisation status on employment. However, we found records on immunisation status for clinical staff were not consistently held in personnel files and a central log to monitor status was not maintained. Following the inspection the practice manager provided evidence they had contacted the occupational health department and obtained records where these were not held.

At the inspection in July 2016 blank prescription forms and pads were not always securely stored and although there were systems in place to monitor their use there were some gaps in the records. Access to keys to prescription storage areas was not adequately controlled.

At the inspection on 20 June 2017 we observed systems had been developed to ensure the security of blank prescriptions and a key safe had been provided to improve key security. At the inspection we found a wide group of staff had access to keys for the storage areas and the practice manager provided evidence following the inspection that this had been reviewed and further action was being taken to limit access. Monitoring records had been improved to ensure a complete audit trail of the blank prescriptions throughout the practice was maintained.

At the inspection in July 2016 we found the recruitment policy and procedure lacked detail and some recruitment records were not complete.

At the inspection on 20 June 2017 the recruitment procedure had been improved and all recruitment checks had been obtained for the member of staff recruited since the last inspection.