

Dr Stephen Carr Quality Report

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Date of inspection visit: 8 February 2017 Date of publication: 07/03/2017

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



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 Dr Stephen Carr on 5 November 2015. The overall rating for the practice was good, although the practice was rated as requires improvement for safety. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for Dr Stephen Carr on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 8 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 5 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for safe services, and overall the practice is rated as good.

Our key findings were as follows:

• The practice had taken action to address the concerns raised at the CQC inspection in November 2015. They had put measures in place to ensure they were compliant with regulations.

- Appropriate checks were now carried out on new staff employed by the practice, including locum GPs.
- The process for monitoring the storage and use of controlled drugs at the practice was now regularly followed.
- A system for tracking prescription pads and paper through the practice was now in use.
- At the November 2015 inspection we told the practice they should review governance arrangements to ensure the practice policies and procedures were up to date and reflected current guidance. We found that the practice were now doing this.

The practice showed us evidence of other improvements they had made since the inspection in November 2015. This included reflecting on positive significant events, using text messages for health promotion campaigns (such as smoking cessation), and implementing alerts on the practice computer system to help staff monitor and review the needs of patients with dementia.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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. The practice had taken action to address the concerns raised during our previous inspection in November 2015. They had:

- Undertaken appropriate checks on new staff employed by the practice, including locum GPs;
- Carried monthly checks on the storage and use of controlled drugs at the practice;
- Put in place a system for tracking prescription pads and paper through the practice.

Good



Dr Stephen Carr Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Stephen Carr

The practice is located in Bank Street Surgery, Keswick and provides primary medical services to patients living in Keswick in the Allerdale area of Cumbria. The practice provides services from one location at 9 Bank Street, Keswick, Cumbria, CA12 5JY, which we visited during this inspection.

The practice is based in converted premises in the centre of Keswick. The building is split into two parts with no clinical services provided in the annex. There is no on-site parking or disabled parking but this is available within a short walk from the practice. A disabled WC is available in the annex. A ramp ensures access to the ground floor clinical rooms. Nursing appointments are held on the first floor via a set of stairs, a ground floor room can be used for nursing or other appointments when required by patients.

The practice has one male GP. The practice employs a practice manager, two practice nurses, a medicines manager and one health care assistant who also undertook a secretarial role. There are four members of staff who carry out administrative or reception duties, a notes summariser and a cleaner. The practice provides services for around 1,700 patients based on a General Medical Services (GMS) contact. The practice is open from 8am to 6:30pm Monday to Friday. On Wednesday the practice offers extended hours and closes at 7pm. Appointments are available with the GP, nurse or health care assistant.

Information from Public Health England placed the area in which the practice was located in the ninth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age population is weighted towards people over the age of 45.

The service for patients requiring urgent medical care out of hours is provided by the 111 services and Cumbria Health on Call Limited (CHOC).

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Stephen Carr on 5 November 2015 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 on November 2015 can be found by selecting the 'all reports' link for Dr Stephen Carr on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Stephen Carr on 8 February 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.

Detailed findings

How we carried out this inspection

We carried out an announced inspection on 8 February 2017. We visited the practice's surgery in Keswick. We spoke

with the practice manager. We reviewed documentation related to staff recruitment, such as policies and staff files, as well documentation relating to the safe management of medicines and prescriptions in the practice, and assorted practice policies.

Are services safe?

Our findings

At our previous inspection on 5 November 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks and management of controlled drugs were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 8 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

When we inspected the practice in November 2015 the practice could not demonstrate a safe track record through having risk management systems in place.

At this inspection, we found the practice had put in place systems, processes and practices in place to keep patients safe, and safeguarded from abuse.

• At the inspection in November 2015, there was a checklist for recruitment checks on locum GPs, however this had not always been completed when locums had been used. When we visited in February 2017 we saw that the arrangements for recruiting locums at the

practice ensured that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that the recruitment checklist for locums had been completed each time a locum GP had been used since the last inspection.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. However, in November 2015 we saw that these checks were not being carried out every month to monitor stock levels. In February 2017 we saw evidence that these procedures were being followed and that stock levels were checked monthly and after each use of the drugs. There were also arrangements in place for the destruction of controlled drugs.
- In November 2015 the GP told us that they did not keep a personal log of prescriptions issued. In February 2016 we saw that all blank prescription forms and pads were securely stored and we saw there were systems in place to monitor their use.