

Dr Shirley Tinnion and Partners

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

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous inspection in July 2015 found breaches of regulations relating to the safe delivery of services.

We found the practice required improvement for the provision of safe services, and was rated good for providing effective, caring, responsive and well-led services. The population groups were rated as good for the patients registered at the practice.

This inspection was undertaken to check the practice was meeting regulations. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 30 July 2015.

We found the practice had made improvements since our last inspection. At our inspection on the 20 January 2016 we found the practice was meeting the regulations that had previously been breached.

Specifically we found:

- Most of the staff had undertaken safeguarding children and adult training and the remaining staff were due to attend refresher training course in February 2016.

- Improvements had been made to maintain the accurate records of patient information. For example Read Codes had been properly recorded of all patients on child protection register and audit had been carried out to ensure continuous monitoring.
- The practice had revised protocol for handling blank prescription forms in accordance with national guidance.
- The practice was actively identifying, assessing and managing risks to prevent, detect and control the spread of infections.

However, the areas where the provider should make improvements are:

- Review the processes for continuous and effective monitoring of safeguarding training for all staff.
- Implement the process for the tracking of hand written prescription forms.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe services.

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 had taken appropriate action to become good for the provision of safe services.

Records we reviewed and processes we observed confirmed this.

In January 2016, we noted the practice had addressed the issues, surrounding safeguarding, infection control and management of blank prescription forms. These were judged as contributing to breach of regulations at our inspection on 30 July 2015.

- The practice had maintained accurate records of patients on child protection register. Ensuring accurate and up to date records were kept on the status of children at risk.
- We noted the practice safeguarding lead was regularly attending safeguarding meetings at clinical commissioning group (CCG) and learning was regularly shared with the team. Most of the staff had undertaken safeguarding children and adult training and the remaining staff were due to attend refresher training course in February 2016.
- The practice had reviewed the policies for the management of blank prescription forms. The practice was still in the process of implementing changes for management of blank prescription forms to ensure the safe management and security of prescriptions and reduce the risk of misappropriation.
- The practice had carried out follow up infection control audit in January 2016 and developed detailed action plan to address the issues identified. For example, the practice had displayed laminated hand hygiene posters in patient toilets, replaced disposable curtains every six months and organised quarterly steam cleaning of carpets and blinds.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Review the processes for continuous and effective monitoring of safeguarding training for all staff.
- Implement the process for the tracking of hand written prescription forms.

Dr Shirley Tinnion and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This focused inspection was carried out by a lead CQC Inspector. The team included a second CQC Inspector.

Background to Dr Shirley Tinnion and Partners

Dr Shirley Tinnion and Partners practice is a purpose built premises with car parking for patients and staff. There was easy access for patients/carers with a ramp and automatic main door. All patient services are provided on the ground floor. The practice comprises of 12 consulting rooms, two treatment rooms, one patient waiting area and administrative and management office and meeting spaces.

There are five GP partners at the practice, four salaried GPs and one trainee doctor. Two GPs are male and eight female. The practice employs four practice nurses, two health care assistants and a phlebotomist (a specialist clinical worker who take blood samples from patients). The practice had recruited a new pharmacist in November 2015 taking a lead role in medicine reviews and health checks. The practice manager had been appointed in September 2015. The practice manager is supported by operations manager, reception admin team leader and a team of administrative and reception staff. Services are provided

via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS). Dr Shirley Tinnion and Partners was a training practice.

The practice has a patient population of approximately 14,200 including 11% with Asian ethnic background. The practice population of patients aged between 25 and 34 and 0 and 14 years are slightly higher than average and there are a lower number of patients over 60 years old.

The local community has areas of deprivation and the staff were aware of the needs of this section of the population. The appointment system allowed advanced appointments to be booked from two days to six weeks in advance. Urgent appointment slots were also available.

Services are provided from:

Dr Shirley Tinnion & partners (also locally known as Meadowcroft surgery)

Jackson Road

Aylesbury

Buckinghamshire

HP19 9EX

We visited Dr Shirley Tinnion & Partners practice during this inspection.

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice

Detailed findings

information leaflet and on the patient website. Out of hours services are provided during protected learning time by Bucks Urgent Care or after 6:30pm, weekends and bank holidays by calling NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 30 July 2015 and published a report setting out our judgements. These judgements identified three breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a focused inspection on 20 January 2016 to follow up and assess whether the necessary changes had been made, following our inspection in July 2015. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, review the breaches identified and the rating awarded for the safe domain, under the Care Act 2014.

How we carried out this inspection

Before visiting on 20 January 2016 the practice confirmed they had taken the actions detailed in their action plan.

During our visit we undertook some observations of the environment. We met with the practice manager and the operations manager. We spoke with two practice nurses and a GP. We reviewed documents relevant to the management of the service. All were relevant to demonstrate the practice had addressed the breaches of regulation identified at the inspection of July 2015.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

When we visited the practice in July 2015 we found there was a system to highlight vulnerable patients on the patient electronic record. However, we found one family record where only one of the three children at risk were highlighted. We looked at training records which showed that most of the staff had received relevant role specific training on child and adult safeguarding with the exception of a few clinical staff. However, staff were due to attend refresher training course in February 2016. We noted that the practice safeguarding lead was regularly attending safeguarding meetings at clinical commissioning group (CCG) and learning points and updates were regularly shared with the team.

At the inspection on 20 January 2016, we looked at three patient records on child protection register and found all contained appropriate Read Codes to ensure patients were identified appropriately when the patient visited the practice. We saw an audit was carried out in December 2015 and follow up audit was planned in 2016. Most of the staff had undertaken safeguarding children and adult training and some staff were due to attend refresher training course in February 2016. We noted that one GP was working towards child safeguarding level three qualification.

Medicines management

When we visited the practice in July 2015 we found blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.

At the inspection on 20 January 2016, we saw the practice had revised protocol for the management of prescriptions and was in the process of implementing changes. Prescription forms were stored securely and printer prescription forms numbers were being logged and monitored. We noted improvements were still required around then tracking of hand written prescription forms. However, the practice provided a revised protocol for the management of prescriptions the day after the inspection, which included regular monitoring of hand written prescription forms.

Cleanliness and infection control

When we visited the practice in July 2015 we found the follow up infection control audit or risk assessment was not carried out and some action was still outstanding from the first audit. The practice was also required to develop schedules for changing disposable curtains and the cleaning of carpets and blinds.

During this visit on 20 January 2016, we noted that the practice was complying with control of infection policy and carried out follow up infection control audit in January 2016. The practice had developed a detailed action plan to address the issues identified during previous infection control audit. We saw regular records for changing disposable curtains and the cleaning of carpets and blinds was organised for 23 January 2016.