

Tangmere Medical Centre

Quality Report

Malcolm Rd
Tangmere
Chichester
West Sussex
PO20 2HS

Tel: 01243776988

Website: www.tangmeremedicalcentre.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

The practice was rated good overall and is now rated good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 31 March 2016. A breach of legal requirements was found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 19 January 2017 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 31 March 2016 we found the following areas where the practice must improve:

- Put arrangements in place to ensure the safe management of medicines.

Our previous report also highlighted the following areas where the practice should improve:

- Ensure significant events and near misses in the dispensary and the practice are consistently recorded and shared. Include non-clinical events so that learning opportunities are maximized.
- Ensure accurate recruitment records for all staff.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

During the inspection on 19 January 2017 we found:

- The provider now had arrangements in place for the safe management of medicines.

We also found in relation to the areas where the practice should improve:

- Significant events in the practice and the dispensary were consistently recorded and shared. Non clinical events were now included.
- There were accurate recruitment records for staff which included written records of references obtained.

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 now rated good for delivering safe services.

At our last inspection on 31 March 2016 we found that the practice did not have adequate arrangements in place for the safe management of medicines. This was in relation to:-

- the storage of medicines at the correct temperature
- the tracking of blank prescriptions
- the issuing of repeat medication
- keeping accurate records for the supply of controlled drugs to patients to ensure compliance with controlled drugs legislation
- formal recording of near misses
- keeping records of action taken in response to medicines safety alerts.

At this inspection, we found that the practice had implemented their action plan to ensure that these issues had been addressed and that arrangements were now safe.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice was rated as good for the care of older people on 31 March 2016. This rating remains unchanged.

Good



People with long term conditions

The practice was rated as good for the care of people with long-term conditions on 31 March 2016. This rating remains unchanged.

Good



Families, children and young people

The practice was rated as good for the care of families, children and young people on 31 March 2016. This rating remains unchanged.

Good



Working age people (including those recently retired and students)

The practice was rated as good for the care of working age people (including those recently retired and students) 31 March 2016. This rating remains unchanged.

Good



People whose circumstances may make them vulnerable

The practice was rated as good for the care of people whose circumstances may make them vulnerable 31 March 2016. This rating remains unchanged.

Good



People experiencing poor mental health (including people with dementia)

The practice was rated as good for the care of people experiencing poor mental health (including people with dementia) on 31 March 2016. This rating remains unchanged.

Good



Summary of findings

Tangmere Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Background to Tangmere Medical Centre

Tangmere Medical Centre is located in the village of Tangmere near Chichester. It provides primary medical services and a dispensing service to approximately 4,507 patients.

The practice is owned by one female GP. There are three practice nurses and one health care assistant. There is a practice manager and a team of four whole time equivalent administrators/receptionists and a secretary. There is also a dispensary manager and three dispensing staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a population that has a higher proportion of working adults and children than most practices in the clinical commissioning group area and the lowest percentage of patients aged over 65.

The practice is open 8.00am to 6.30pm Monday to Friday. Extended hours appointments are offered every Monday from 6.30pm to 7.20pm. Appointments can be booked over the telephone or in person at the surgery. Patients are provided with information on how to access the duty GP or the out of hours' service by calling the practice.

The practice runs a number of services for its patients including; chronic disease management, contraception, smoking cessation, travel advice, vaccinations and immunisations.

The practice provides services from the following location:-

Tangmere Medical Centre

Malcolm Rd

Tangmere

Chichester

West Sussex

PO20 2HS

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 on 31 March 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 19 January 2017 to follow up on whether action had been taken to deal with the breaches.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and the dispensary manager
- Reviewed practice documentation and recruitment records.

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 31 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements for the safe management of medicines were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 19 January 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our last inspection we found that the practice did not have adequate processes in place for

handling repeat prescriptions. Staff told us that repeat prescriptions were not always signed by the GP before dispensing medicines to patients. (Repeat prescriptions must be signed by a GP before medicines are given to patients.) Blank prescription forms and pads were securely stored however there were no systems in place to record and track their use. This meant that the practice did not have sufficiently adequate systems in place to prevent theft and misuse of blank prescriptions.

We checked records for ordering, receipt and disposal of controlled drugs (CDs - medicines which are more liable to misuse and so need closer monitoring) and found that these met legal requirements. However, we found that partial entries were made in the CDs register in anticipation of collection by patients. The records for supply of CDs to patients were therefore not completed in accordance with controlled drugs legislation.

The practice did not have effective arrangements in place for ensuring that medicines were kept at the required temperatures of two to eight degrees centigrade. The records of fridge temperatures we saw showed the maximum temperature recorded was as high as 14 degrees. Staff told us that this was due to the fridge being open for restocking and that they had checked with an engineer and monitored the temperature during the day. However, there

were no additional records to support this. Staff told us that medicines safety alerts and recalls were received and acted upon but we were unable to view any records of these.

During this inspection we found that the fridge for storing vaccines had been recalibrated in January 2017 to ensure that accurate temperatures were being displayed. We saw that the fridge temperatures were checked and recorded every morning. Since our last inspection the fridge temperatures had been within the required range for storing vaccines.

We saw that the practice now had procedures in place to ensure prescriptions for use in printers were stored in a locked cupboard. They were issued to the doctors rooms on a daily basis and the serial numbers for those issued were recorded. We also saw that these prescriptions were removed daily from printers and returned to a locked cupboard at the end of the day.

We looked at the practice's CDs register and saw that on delivery they were written in to the register. The patient was then notified that they were ready for collection and the register was only updated once the medication had been collected. This was in accordance with controlled drugs legislation.

The practice had revised its procedures for the issuing of repeat medication. Patients were now asked to allow 48 hours before picking up repeat medication from the dispensary. This allowed for the prescription to be issued and signed by the GP. The drugs were dispensed once the prescription has been signed. We looked at a sample of prescriptions to be collected which confirmed this to be the case. For non-dispensing patients, all repeat requests were sent electronically once they have been authorised by the GP.

We saw that near misses were now formally recorded in the dispensary's significant event log. We also saw records to show that medicines safety alerts were actioned where appropriate and that copies were kept on file.