

Parkhall Surgery

Quality Report

Parkhall Road
Somersham
Cambridgeshire,
PE28 3EU

Tel: 01487 740888

Website: www.parkhallsurgery.co.uk

Date of inspection visit: 13 December 2016

Date of publication: 13/01/2017

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

Overall rating for this service

Good



Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Parkhall Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 18 May 2016. We set a requirement in relation to safe care and treatment. The practice sent in an action plan informing us about what they would do to meet legal requirements in relation to the following;

- The practice must introduce an audit trail for prescription pads and computer forms so that they can monitor their use in line with national guidance.

During the initial inspection we also found areas where improvements should be made:

- Implement a formal system to disseminate The National Institute for Health and Care Excellence (NICE) guidance and ensure all clinicians are aware of any updates.

- Ensure that dispensary staff are supported to keep up to date, and that they are regularly assessed as competent to carry out their role.
- Establish an effective process for monitoring the quality of the dispensing process including reviewing errors and near misses for learning.

The practice told us these issues were addressed by 20 May 2016 and have provided us with evidence to show they had taken the action to address the concerns.

We undertook a desk top review on 13 December 2016 to make a judgement about whether their actions had addressed the requirements.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at www.cqc.org.uk

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?

At the last inspection on 18 May 2016 we found that:

- The practice must introduce an audit trail for prescription pads and computer forms so that they can monitor their use in line with national guidance.

During the initial inspection we found areas where improvements should be made:

- Implement a formal system to disseminate NICE guidance and ensure all clinicians are aware of any updates.
- Ensure that dispensary staff are supported to keep up to date, and that they are regularly assessed as competent to carry out their role.
- Establish an effective process for monitoring the quality of the dispensing process including reviewing errors and near misses for learning.

Our focused inspection on 13 December 2016 found that:

The practice is rated as good for providing safe services.

- We saw evidence of an effective audit trail established. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Serial numbers were recorded on a spread sheet on receipt of the prescriptions and the destination and who received them were logged.
- The practice discussed NICE Guidance as a standing agenda in their monthly clinical meetings.
- We saw evidence of a form created to annually assess the competency of the dispensing team which was completed by the lead dispensing GP. The assessment had taken place on both of the practices' dispensers.
- The dispensers logged in a book near misses and errors. Errors were recorded as significant events and were discussed in regular clinical meetings.

This report should be read in conjunction with the full inspection report from 18 May 2016.

Good



Parkhall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Parkhall Surgery

Parkhall Surgery is a well-established GP practice that has operated in the area for twenty five years. It serves approximately 4800 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. It serves Somersham and the surrounding villages of Colne, Earith, Bluntisham, Needingworth and Pidley. According to information taken from Public Health England, the patient population has a slightly higher than average number of patients aged 40-54 years, and a lower than average number of patients aged 19-39 years, compared to the practices across England. The area in which it is situated has low levels of social and economic deprivation. The practice team consists of two partnered GPs, two salaried GPs, two nurses and a health

care assistant. They are supported by a number of dispensing and administrative staff. The opening times for the surgery are Monday to Fridays from 8am to 6pm, with extended opening hours on a Monday evening until 8pm.

Why we carried out this inspection

As a result of the last inspection on 18 May 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. This was because the practice had not ensured that effective processes were in place to monitor prescription pads and computer forms in line with national guidance.

How we carried out this inspection

We reviewed the information received from the practice, spoke with the practice manager and requested additional information from the practice.

We have not revisited Parkhall Surgery as part of this review because Parkhall Surgery were able to demonstrate they were meeting the standards without the need for a visit

We carried out a desk-based review on 13 December 2016.

Are services safe?

Our findings

We found improvements were needed in relation to safe care and treatment at our last inspection on 18 May 2016, we found that:

- Blank prescription forms and pads were securely stored but there was no system in place to track their use through the practice in line with national guidance so we could not be sure that if any were lost or stolen this would be promptly identified and investigated.

During the initial inspection we also found areas where improvements should be made:

- There was no formal system in place to disseminate guidance such as NICE and ensure all clinicians were aware of any updates.
- There were no records to show that dispensing staff had undertaken any role specific learning and development in the last 18 months. The practice had signed up to the Dispensary Services Quality Scheme to ensure the quality of the service, but we noted that the practice did not carry out a regular competency assessment on dispensing staff.
- Records showed that dispensing errors were recorded in the practice significant event log and reviewed at practice meetings, however the log in the dispensary did not reflect this. There was no record of 'near misses' and no evidence that trends were identified and monitored for learning.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe.

Our focused inspection on 13 December 2016 found that the practice had implemented and embedded clearly defined systems, processes and practices.

The practice is rated as good for providing safe services.

- The practice had safe and effective systems in place and had implemented more efficient processes to ensure blank prescription forms and pads were tracked and monitored throughout the practice. We saw an audit trail where serial numbers were recorded on a spread sheet on receipt of the prescription pads and forms, and the destination and who received them were logged. We saw evidence that the audit trail had been established since the previous inspection and embedded within the practice procedures.
- The practice discussed NICE Guidance as a standing agenda in their monthly clinical meetings. We saw minutes and agendas of meetings where these were discussed.
- The practice had reviewed their systems and processes to ensure they had recorded actions taken in response to the competency assessments of the dispensing staff. We saw evidence of a form created to annually assess competency of the dispensing team which was completed by the lead dispensing GP. The assessment had taken place on both of the practices' dispensers since the previous inspection.
- The practice had established effective systems and processes for the dispensers to log near misses and errors. The dispensers had a dedicated log book to record incidents. Errors were recorded as significant events and were discussed in regular clinical meetings.