

# Frimley Green Medical Centre

## Quality Report

Dr Cureton and Partners  
Frimley Green Medical Centre  
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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 Dr Cureton and Partners on 9 September 2016. The overall rating for the practice was good. However, during this inspection we found breaches of legal requirements and the provider was rated as requires improvement under the safe domain. The full comprehensive report for the September 2016 inspection can be found by selecting the 'all reports' link for Dr Cureton and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that controlled drugs used within the practice were stored securely in line with national guidance.
- Ensuring that all significant events within the practice were reported and recorded and that all staff were involved in discussions and reviews to improve practice.

This inspection was an announced focused inspection carried out on 16 March 2017. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations

that we identified in our previous inspection on 9 September 2016. This focused inspection has determined that the provider is now meeting all requirements and is now rated as good under the safe domain. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had reviewed security measures in place for controlled drugs. We saw evidence that only authorised staff had access to controlled drugs and that keys to the controlled drugs safe within the dispensary were stored securely in a separate key safe.
- The practice had ensured that all staff were included in the review of and learning from significant events where relevant to their role. Significant events were recorded centrally with detailed information being available for all staff to review including full details of the incident, areas of concern, suggestions for doing things differently in the future and action points.

In addition we saw evidence of:

- New meeting structures in place for clinical and non clinical staff. Staff we spoke with told us the new meeting structure supported good communication and allowed them the opportunity to be involved in formal discussions about the practice.

# Summary of findings

- Controlled drugs being monitored in line with best practice guidance. This included dispensing staff regularly recording stock movement and the balance of drugs stored, a monthly stock check and a six monthly audit. We also saw that standard operating procedures had been updated.

**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 our previous inspection in September 2016 the practice had been rated as requires improvement for providing safe services. Concerns related to the secure access to controlled drugs within the dispensary and the reporting, sharing and recording of significant events.

At this focussed inspection in March 2017, we found the provider had addressed the concerns and is now rated as good.

- 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. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area. The practice ensured that controlled drugs were being monitored in line with best practice guidance. Standard operating procedures had been updated to reflect any changes the practice had made.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events and that lessons were shared to make sure action was taken to improve safety in the practice. We also reviewed minutes of meetings where significant events were discussed with both clinical and non-clinical staff. The practice carried out a thorough analysis of the significant events. The practice also monitored trends in significant events and evaluated any action taken.

Good



# Frimley Green Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Frimley Green Medical Centre

Dr Cureton and Partners provide GP services at both Frimley Green and Ash Vale surgeries. Both surgeries are able to dispense medicines to those patients living outside a one mile radius of a local pharmacy. In June 2016 Frimley Green and Ash Vale joined together as a group practice under the name of the Bartlett Group Practice. The combined practice list is 28,000 patients. There are 14 GP partners (both male and female), five salaried GPs, two GP trainees, two nurse practitioners, practice nurses, healthcare assistants, five dispensers and a range of administrative staff. There are two practice managers and two manager's assistants.

The practice is open between 8am and 8pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and from 2pm to 7.40pm. Extended hours appointments are offered every day and flu clinics are available during the evening and on some weekends. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for patients that need them.

Services are provided from:

Frimley Green Medical Centre, Camberley, Surrey, GU16 6QQ

and

Ash Vale Health Centre, Wharf Road, Ash Vale, Surrey, GU12 5BA

During this inspection we visited The Frimley Green Medical Centre only.

During the times when the practice is closed, the practice has arrangements for patients to access care from an out of hour's provider. Patients are provided information on how to access the out of hour's service by calling the surgery or viewing the practice website.

The practice has a patient demographic that is similar to the national average in all age groups. They have a slightly higher than average proportion of patients with a long standing health condition. The practice population includes those from settled traveller populations and army families.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Cureton and Partners on 9 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall with requires improvement in the Safe domain. The full comprehensive report following the inspection on 9 September 2016 can be found by selecting the 'all reports' link for Dr Cureton and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection Dr Cureton and Partners on 16 March 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 a focused inspection of Dr Cureton and Partners on 16 March 2017. During our visit we:

- Spoke with the practice manager at both the main and branch surgery.
- Spoke with dispensing staff, receptionists, administration staff and a practice nurse.
- Reviewed where controlled drugs were stored and reviewed how controlled drugs were monitored.
- Reviewed standard operating procedures.
- Reviewed minutes to various meetings.
- Reviewed the recording of significant events and how learning is shared within the practice

# Are services safe?

## Our findings

At our previous inspection on 9 September 2016, we rated the practice as requires improvement for providing safe services. This was because the practice did not have effective arrangements in place for the secure storage of controlled drugs and the sharing of learning from significant events with staff.

These arrangements had improved when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

We reviewed documented significant events and the minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient collapsed in the surgery the event was fully discussed and although it was determined that staff had acted quickly and efficiently action points were raised. This included the need to familiarise staff with the oxygen cylinder, how to fill the non-rebreathe bag and what flow to set the oxygen to. All staff were involved in the discussion and learning from significant events. For example, incidents were discussed and reviewed as part of the GPs weekly clinical meetings, as well as at the monthly nurse meetings (which a GP attended), dispensary staff meetings and at reception and administration meetings. Staff we spoke with informed us that significant events would also be informally discussed outside of these meetings so there was no delay on the learning from these. We saw evidence from minutes that the meeting structure allowed for lessons to be learned and shared following significant events. Nurses were also invited to attend a six monthly meeting with the GPs and

part of this meeting was to discuss any significant events. The practice carried out a thorough analysis of the significant events. The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and process

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. The practice held stocks of controlled drugs and had procedures in place to manage them safely. For example, a controlled drug was stored within a treatment room in the practice. This was stored in a safe that was secured to the wall within a locked cabinet. We saw evidence of a weekly record of a balance check which also included the recording of expiry dates.

Controlled drugs were also stored in a safe within the dispensary. The key for the safe was stored separately within a key safe which could only be accessed by authorised staff. We saw evidence that controlled drugs which were beyond their expiry date had been disposed of. The practice was aware of who to contact to request an accountable officer to witness the destruction of these controlled drugs.

The practice ensured that controlled drugs were being monitored in line with best practice guidance. We saw evidence of a log book which recorded the stock movement of controlled drugs (deliveries into the practice and prescriptions being issued) and the balance of drugs stored within the safe. We also saw a folder which recorded a monthly stock check and a separate six monthly audit which was completed. Standard operating procedures had been updated to reflect the changes the practice had made.