

Dr Wingfield and Partners

Quality Report

Harborough Field Surgery
160 Newton Road
Rushden

Northamptonshire

NN10 0GP31 August 2016

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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 previously carried out an announced comprehensive inspection of Dr Wingfield & Partners on 18 November 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

From the inspection on 18 November 2015, the practice were told they must:

- Ensure an appropriate system is in place for the safe use and management of medicines and prescriptions, including those used in an emergency.

We undertook a focused inspection at Dr Wingfield & Partners on 31 August 2016 to check that they had

followed their plan and to confirm that they now met legal standards and requirements. This report only covers our findings in relation to those areas found to be requiring improvement. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for Dr Wingfield & Partners on our website at www.cqc.org.uk

We found that on the 31 August 2016 the practice now had improved systems in place and we found the following key findings:

- Practice specific protocols and procedures had been developed to ensure the safe management of medicines and prescriptions.
- Access to emergency medicines and equipment had been improved to improve patient safety and reduce risk.

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 comprehensive inspection on 18 November 2015, we identified a breach of legal requirement.

Improvements were needed to some processes and procedures to ensure the practice provided safe services, in particular relating to the safe management of emergency medicines, emergency equipment and prescriptions.

During our focused inspection on 31 August 2016 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- Systems had been implemented to ensure that prescriptions were recorded accurately, stored securely and tracked appropriately within the practice.
- The practice had considered the risk in relation to non-clinical staff having limited access to emergency medicines and equipment. We saw evidence that a new secure access door had been fitted to ensure staff could access emergency equipment and medicines appropriately.
- The practice held appropriate stocks of emergency medicines which were routinely checked to ensure they were within their expiry dates and available.

Good



Summary of findings

The six population groups and what we found

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

Dr Wingfield and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was undertaken by a CQC Lead Inspector and a GP specialist advisor.

Background to Dr Wingfield and Partners

Dr Wingfield and Partners provides a range of primary medical services from its premises at Harborough Field Surgery, 160 Newton Road, Rushden, Northamptonshire, NN10 0GP.

It is a teaching practice. The practice serves a population of approximately 12,277. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 0 to 9 and a slightly above average population of those aged 40 to 49 and 60 to 69. There is a lower than average population of those aged between 15 and 29 and a slightly lower than average population of those aged 70 to 84.

The clinical team includes four male and two female GP partners, one female nurse manager, two female nurse practitioners, two female practice (treatment room) nurses and one female healthcare assistant. The team is supported by a practice manager and 12 other administration, reception and secretarial staff. The practice is on a PMS contract.

The practice is staffed with the phones lines and doors open from 8am to 6.30pm Monday to Friday. Appointments

are approximately from 8.30am to 11am and 2.40pm to 5pm daily, with slight variations depending on the doctor. An out of hours service for when the practice is closed is provided by Integrated Care 24 Limited.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we asked the provider to submit information and evidence to demonstrate the actions they had taken to address the breach of legal requirement and areas requiring improvement we identified during our comprehensive inspection on 18 November 2015. We carried out an announced focused inspection on 31 August 2016.

During our inspection we:

- Reviewed protocols and procedures developed to ensure an appropriate system was in place for the safe use and management of medicines and prescriptions, including those used in an emergency.
- Spoke to staff involved in recording and monitoring emergency medicines and equipment.

Detailed findings

- Reviewed records of prescriptions received and tracked accordingly through the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

However, during our focussed inspection we only asked questions relating to safety.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

We previously found that the system for managing prescriptions required improvement. Following our inspection on 18 November 2015, the practice submitted evidence of new protocols and procedures for managing prescriptions.

During our inspection on 31 August 2016, we saw that these protocols and procedures had been effectively implemented to ensure risks to patient safety were reduced. Evidence we reviewed demonstrated that prescriptions were recorded accurately, stored securely

and tracked appropriately throughout the practice. A monthly reconciliation was undertaken to ensure records were accurate and that protocols were being followed consistently.

Arrangements to deal with emergencies and major incidents

We previously found that the system for managing emergency medicines and equipment needed strengthening. Following our inspection on 18 November 2015, the practice submitted evidence of new protocols and procedures for managing emergency medicines and equipment.

During our inspection on 31 August 2016, we saw that these protocols and procedures had been effectively implemented to ensure risks to patient safety were reduced. We saw that there was a system in place for regularly checking emergency medicines and equipment and that the Clinical Nurse Manager routinely checked that protocols were being followed.

The practice had considered the risk in relation to non-clinical staff having limited access to emergency medicines and equipment. We saw evidence that a new secure access door had been fitted to ensure staff could access emergency equipment and medicines appropriately.