

Dinnington Group Practice

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?

Requires improvement



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 Dinnington Group Practice on 25 May 2016. The overall rating for the practice was good but with requires improvement for safety. The full comprehensive report for the 25 May 2016 inspection can be found by selecting the 'all reports' link for Dinnington Group Practice on our website at www.cqc.org.uk.

At the inspection on 25 May 2016 we did not identify any breaches of regulations although there were areas for improvement. This inspection was an announced focused inspection carried out on 10 May 2017 to confirm that the practice had carried out their plan to make improvements that we had identified in our previous inspection on 25 May 2016. This report covers our findings in relation to the improvements made since our last inspection.

Overall the practice is rated as Good.

The practice had made the following improvements:

- The practice had implemented Public Health England guidance in relation to the calibration of thermometers used in vaccine fridges.

- The standard of cleaning and handwashing facilities at Woodsetts surgery had been improved.
- Procedures relating to the security of blank prescription forms held in printers had been reviewed and improved in line with NHS Protect guidance.
- All staff undertaking the role of dispenser were qualified to NVQ2 level. A competency assessment of dispensing staff had been carried out.
- The practice procedures for Controlled Drugs awaiting destruction at the Woodsetts surgery had been implemented.
- Staff access to the dispensary at Woodsetts had been risk assessed and security arrangements had been improved and implemented.
- The procedures relating to access to the Controlled Drug cupboard at Woodsetts surgery had been reviewed and improved.
- Equipment had been provided to enable the medicine storage room temperatures to be monitored and records of the temperatures had been recorded.

Summary of findings

- Portable appliance testing (PAT) and calibration had been completed.
- The practice had continued to try to improve access to the practice and had implemented a daily drop in clinic at one site.

However, we found areas which required improvement during the inspection on 10 May 2017.

Action the practice must take to improve:

- Ensure prescriptions are signed by an appropriate prescriber within a reasonable time frame.

- Ensure medicines requiring refrigeration are managed and stored safely.

Action the practice should take to improve:

- Regularly carry out balance checks of controlled drugs.
- Review the procedure for following up uncollected prescriptions

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 rated as requires improvement for providing safe services. Improvements had been made since our last inspection on 25 May 2016 however, we also found areas which required improvement. Our key findings at our inspection on 10 May 2017 were as follows:

The practice had made the following improvements:

- The practice had implemented Public Health England guidance in relation to the calibration of thermometers used in vaccine fridges.
- The standard of cleaning and handwashing facilities at Woodsetts surgery had been improved.
- Procedures relating to the security of blank prescription forms held in printers had been reviewed and improved in line with NHS Protect guidance.
- All staff undertaking the role of dispenser were qualified to NVQ2 level. A competency assessment of dispensing staff had been carried out.
- The practice procedures for Controlled Drugs awaiting destruction at the Woodsetts surgery had been implemented.
- Staff access to the dispensary at Woodsetts had been risk assessed and security arrangements had been improved and implemented.
- The procedures relating to access to the Controlled Drug cupboard at Woodsetts surgery had been reviewed and improved.
- Equipment had been provided to enable medicine storage room temperatures to be monitored and records of the temperatures were recorded.
- Portable appliance testing (PAT) and calibration had been completed.
- The practice had continued to try to improve access to the practice and had implemented a daily drop in clinic at one site.

However, we found areas which required improvement during the inspection on 10 May 2017.

- Prescriptions were not always signed by an appropriate prescriber within a reasonable time frame.
- Medicines requiring refrigeration were not always managed and stored safely.
- Regular balance checks of controlled drugs were not completed and recorded.

Requires improvement



Summary of findings

- The procedure for following up uncollected prescriptions was not effective.

Dinnington Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and pharmacist inspector.

Background to Dinnington Group Practice

Dinnington Group Practice serves the whole of Dinnington, Anston, Woodsetts and some of the surrounding villages across three sites. The main surgery is based in a purpose built building at The Medical Centre, also known as Anston Medical Centre. There are two branch surgeries at the Medical Centre, New Street, Dinnington, Sheffield, S25 2EZ and Woodsetts Surgery, 2a Berne Square, Woodsetts, S81 8RJ. We visited Woodsetts and Anston sites during this inspection.

The practice provides Primary Medical Services (PMS) services for 20,970 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area across the three sites.

An on-site dispensing service is provided for approximately 1,200 patients at the Woodsetts Branch Surgery.

There are 11 partners, five female and six male, and five nurses including an advanced nurse practitioner supported by four health care assistants. Two dispensers work in the dispensary. There is a large administration team managed by a group manager, business services manager and patient's services manager.

The practice is open Monday to Friday 8am to 6.30pm.

The reception at each site is open at Dinnington and Anston surgeries Monday to Friday 8am to 6.30pm and at Woodsetts Monday, Wednesday and Friday 8.15am to 6pm and Tuesday and Wednesday 8.15am to 12 midday.

The practice provides a drop in clinic at the New Street site, Dinnington, Monday to Friday 8am to 10am.

Extended hours are provided at Dinnington and North Anston Surgeries on a Monday Evening: 6.30pm to 8pm.

When the branch sites are closed, telephone calls are automatically passed through to the main site. When all surgeries are closed patients are advised to call NHS 111 service. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries.

This is a training practice for qualified doctors intending to become General Practitioners and for hospital doctors (who may or may not go on to become General Practitioners) to gain experience in family medicine. They take student GPs and foundation doctors from Rotherham and North Nottinghamshire.

Why we carried out this inspection

We undertook a comprehensive inspection of Dinnington Group Practice on 25 May 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 for safety. The full comprehensive report following the inspection on 25 May 2016 can be found by selecting the 'all reports' link for Dinnington Group Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Dinnington Group Practice on 10 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff (GPs, practice manager, dispensers and practice nurse).
- Visited two practice locations.
- Looked at management information the practice used to deliver care and treatment.

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 25 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of management of the dispensary required improvement.

These arrangements had improved when we undertook a follow up inspection on 10 May 2017. However, we found the management of vaccines and prescriptions was not adequate and so the practice remains rated as requires improvement.

Overview of safety systems and process

We identified concerns about the arrangements for managing medicines at a previous inspection in May 2016. During this inspection on 10 May 2017 we checked to see what improvements had been made.

Medicines were dispensed at the Woodsetts branch surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), and a system was in place to ensure relevant staff had read and understood SOPs. There was a process in place to ensure that repeat prescriptions were signed before being dispensed. However, we saw evidence of 25 repeat prescriptions which had been dispensed and were awaiting collection by patients dating between 17th March 2017 and 9th May 2017, which were not signed by a GP. In addition, we saw evidence of two prescriptions which had been collected by patients but had not been signed by the GP.

Dispensary staff told us about procedures for regular monitoring of prescriptions that had not been collected. However, we found uncollected prescriptions which were more than eight weeks old which had not been followed up in accordance with the SOP, including one from July 2016

There was a named GP responsible for the dispensary and staff told us they were actively involved in the management of the dispensary. On our inspection in May 2016 we found that some dispensary staff had not received the appropriate training. At the inspection on 10 May 2017 we saw records showing all members of staff involved in the dispensing process had received appropriate training,

regular checks of their competency and annual appraisals. The practice had signed up to the Dispensary Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary.

On our previous inspection in May 2016 we found that controlled drugs were not always managed safely and we checked for improvements during the inspection on 10 May 2017. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys were held securely. There were appropriate arrangements in place for the destruction of controlled drugs and these had been implemented since the last inspection.

Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was an SOP to govern this activity. However, we found staff did not routinely check stock balances of controlled drugs to ensure the amounts held reflected what was recorded in the registers.

At the inspection in May 2016 arrangements to limit access to the key to the Controlled Drug cupboard in the dispensary at Woodsetts surgery were not adequate. At the inspection on 10 May 2017 we observed arrangements had been improved to restrict access to authorised staff only.

At the May 2016 inspection we identified problems with the recording of medicines fridge temperatures. At the inspection on 10 May 2017 fridges, used for storing medicines, had a calibrated thermometer installed. We found that temperatures were being recorded in line with national guidance. However, we observed temperatures below the recommended range for the storage of vaccines had been recorded daily since 1 January 2017 until 20 April 2017 for one fridge and above the recommended temperature on four occasions for a second fridge. There was no evidence action had been taken by the practice to assess and minimise any associated risk relating to vaccines being kept out of recommended ranges. The incidents where the fridge temperatures were out of range had not been reported to the appropriate agencies. The records showed the fridge recording low out range temperatures had been taken out of action on 24 April 2017

Are services safe?

and vaccines moved to alternative storage and we were told a new fridge had been ordered. The vaccines were administered by nurses and healthcare assistants using directions which had been produced in line with legal requirements and national guidance. Following the inspection the practice told us they had contacted the relevant agencies and were following their advice.

At the May 2016 inspection ambient room temperatures in areas where medicines were stored were not being recorded. At the 10 May 2017 inspection we observed equipment had been provided to monitor the temperatures and records were maintained.

During our inspection on the 10 May 2017 we also observed the surgery held adequate stocks of emergency medicines and processes were in place to ensure they were within expiry date. There was an adequate store of oxygen and the practice had a defibrillator on site. There was a system in place for the management of high risk drugs. A “near miss” record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns in errors and take action to prevent re-occurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent re-occurrence. We saw records relating to recent medicine safety alerts, and the action taken in response to them.

Monitored dose systems were offered to patients who needed support to take their medicines, we saw the

process for the packing and checking of these was robust. Staff knew how to identify which medicines were not suitable for these packs and offered alternative adjustments to dispensing where possible.

Blank prescription pads were recorded upon receipt into the practice and stored securely. At the May 2016 inspection we observed blank prescriptions held in printers were not secure. At the inspection on 10 May 2017 we found the practice had reviewed their procedures and implemented systems to ensure the security of the blank prescriptions.

At the inspection in May 2016 we found the standard of cleaning and hand washing facilities at the Woodsetts branch required improvement. At the inspection on 23 May 2017 we observed the standard of cleaning standards had been improved and new elbow operated taps had been provided. A programme of refurbishment had also been completed at Woodsetts including new flooring and decoration.

Monitoring risks to patients

At the inspection in May 2016 we found a small amount of electrical equipment which may not have been checked to ensure it was safe to use. We also found not all the automated external defibrillators (AED) had been calibrated. The practice told us this was arranged immediately after the inspection with loan equipment provided in the interim. At the inspection on 10 May 2017 the equipment we checked had been tested and the practice held comprehensive records of the equipment testing which had been completed in October 2016. We saw evidence a new calibrated defibrillator had been provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to ensure the proper and safe management of medicines.</p> <p>This was because:</p> <ul style="list-style-type: none">• Prescriptions were not always signed by an appropriate prescriber within a reasonable time frame.• Medicines requiring refrigeration were not always managed safely. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>