

Dr Collins and Carragher

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?

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 Collins and Carragher on 10 May 2016. The overall rating for the practice was good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services. The full comprehensive report from the 10 May 2016 inspection can be found by selecting the 'all reports' link for Dr Collins and Carragher on our website at www.cqc.org.uk.

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 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014
- good governance.

The area identified as requiring improvement during our inspection in May 2016 was as follows:

- Ensure that all Patient Group Directions (PGDs) are reviewed and signed by an appropriate person.

In addition, we told the provider they should:

- Ensure that policies and procedures are formally reviewed and updated at regular intervals.
- Ensure that all staff complete training updates on a regular basis.
- Consider implementing a formal process for recording meetings.

We carried out an announced focused inspection on 18 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulation that we identified in our previous inspection on 10 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key finding on this focused inspection was that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing safe services.

On this inspection we found:

- Sufficient arrangements were in place for the management of Patient Group Directions (PGDs) and they were appropriately reviewed, signed and countersigned.

Summary of findings

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- A process was in place and adhered to for the review, update and amendment of policies and procedures including Standard Operating Procedures (SOPs) used to safely dispense medicines.
- Staff had completed infection control and adult and child safeguarding training.
- During our inspection on 10 May 2016 we found there were no written records of the discussions had and decisions made at the practice's governance meetings.

During this focused inspection we looked at the minutes of five practice meetings held between June 2016 and March 2017. We saw these meetings were well attended and provided a record of the discussions had and decisions made. The staff we spoke with said on the occasions they were not present at the meetings they knew how to access the minutes and felt informed and up to date about any issues that affected them.

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 10 May 2016, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. During our focused inspection on 18 April 2017 we found the provider had taken action to improve and the practice is rated as good for providing safe services.

- Sufficient arrangements were in place for the management of Patient Group Directions (PGDs) and they were appropriately reviewed, signed and countersigned.
- A process was in place and adhered to for the review, update and amendment of policies and procedures including Standard Operating Procedures (SOPs) used to safely dispense medicines.
- Staff had completed infection control and adult and child safeguarding training.

Good



Dr Collins and Carragher

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

Background to Dr Collins and Carragher

Dr Collins and Carragher (also known as Lower Stondon Surgery) provides a range of primary medical services from its premises at 109 Station Road, Lower Stondon, Henlow, Bedfordshire, SG16 6JJ.

The practice serves a population of approximately 5,552 and is a dispensing and teaching practice. The area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 40 to 60 years.

The clinical team includes one female and two male GP partners, one female salaried GP, two practice nurses and one phlebotomist. (A phlebotomist is a specialised clinical support worker who collects blood from patients for examination). The team is supported by a practice manager and five other dispensary, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is staffed with the doors and phone lines open from 8am to 6.30pm Monday to Friday. There is no lunchtime closure at the practice. There is extended

opening on Mondays and Tuesdays until 7.30pm. Appointments are available from 9am to midday and 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Collins and Carragher on 10 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services.

The full comprehensive report following the inspection on 10 May 2016 can be found by selecting the 'all reports' link for Dr Collins and Carragher on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of Dr Collins and Carragher on 18 April 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.

How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the

Detailed findings

breach of legal requirements we identified during our comprehensive inspection on 10 May 2016. We carried out an announced focused inspection on 18 April 2017. During

our inspection we spoke with a range of staff including one GP partner, one practice nurse, the practice manager and members of the dispensary, reception and administration team.

Are services safe?

Our findings

Overview of safety systems and process

At our inspection on 10 May 2016 we found that the process in place for the management of Patient Group Directions (PGDs) was insufficient. Although the practice had adopted PGDs to allow nurses to administer medicines in line with legislation and these were signed by the nurses, they had not been countersigned by an appropriate person such as a GP or the practice manager. We told the provider they must make improvements.

At our inspection on 10 May 2016 we also identified areas where we told the practice they should make improvements. The practice's recruitment policy was overdue a review. Not all policies and procedures had a review date and it was unclear if they were reviewed on a routine basis. The Standard Operating Procedures (SOPs are written instructions about how to safely dispense medicines) used by staff dispensing medicines had not been amended or updated following their review. Not all staff had completed infection control and adult and child safeguarding training. Despite this, the staff we spoke with were knowledgeable about safeguarding and infection control processes relevant to their roles.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 18 April 2017 to check the practice had taken action to improve.

During our inspection on 18 April 2017 and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

We looked at seven PGDs and saw these were managed appropriately. All of the PGDs we looked at were signed by the nurses and countersigned by a GP. When a new nurse joined the practice we saw they had signed all the relevant PGDs and the GP's countersignature was updated.

We saw the practice's recruitment policy had been reviewed in February 2017 and the appropriate amendments had been made to ensure the policy was up to date. We also looked at policies relating to chaperoning, infection control and the safeguarding of adults and children. We found they had all been reviewed at some point between March 2016 and February 2017. Amendments were made where appropriate. For example, a new nurse was named in the infection control policy.

We looked at the SOPs folder and spoke with a member of dispensing staff and found that an annual review process was in place and all 20 SOPs were reviewed in February 2017. Eighteen of these were recorded as not requiring any update. We looked at the two remaining SOPs and saw the relevant sections had been amended and updated.

From our conversations with staff and our review of training documentation we found that staff had completed training in adult and child safeguarding and infection control. From the documentation we looked at we saw that only one member of clinical staff had not completed child safeguarding training. We raised this with senior staff who were able to demonstrate that training was being organised for the individual.