

Dr Bevan and Partners

Quality Report

Spinney Brook 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 focused inspection of Dr Bevan and Partners on 28 March 2017. This was to check that improvements had been made following the breach of legal requirements we identified from our comprehensive inspection carried out on 18 May 2016. During our inspection in May 2016 we identified a regulatory breach in relation to:

- Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment

This report only covers our findings in relation to the areas identified as requiring improvement following our inspection in May 2016. You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Dr Bevan and Partners on our website at www.cqc.org.uk. The areas identified as requiring improvement during our inspection in May 2016 were as follows:

- Ensure appropriate systems are in place for the proper and safe management of medicines including dispensing, audit, recording and destruction of controlled drugs and followed correctly and that standard operating procedures contain all the relevant information.

In addition, the practice were told they should:

- Ensure staff receive appropriate training and appraisals; update training for dispensary staff in dispensary procedures including management of controlled drugs and update training in infection control and infection control audit.
- Continue to identify and support carers.
- Advise patients at the branch surgery what to do when the dispensary is closed.
- Implement a system to provide an audit trail for blank prescriptions at the branch practice.

Our focused review on 28 March 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- The practice had arranged a training session for dispensary staff in managing controlled drugs (medicines that require extra checks and special storage because of their potential for misuse) and they had put procedures in place to manage them safely. One member of staff had not yet qualified as a dispenser, and was fully supervised when dispensing controlled drugs.
- The controlled drugs policy had been revised to include details of the NHS England Controlled Drugs Accountable Officer.
- Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely.

Summary of findings

- There were arrangements in place for the destruction of controlled drugs, and the out of date stock we saw at our last inspection had been disposed of in the presence of an authorised witness. Records were kept in line with controlled drugs legislation.
- We saw records of regular checks on controlled drugs stock, and a three monthly report was made to the practice clinical meeting. During one of the routine checks, staff had identified a discrepancy which had been appropriately recorded, reported and investigated. The controlled drugs procedure had been revised to reduce the risk of this type of error happening again.
- Blank prescriptions at the branch surgery were stored securely and the practice had introduced a log of serial numbers to monitor their use in line with national guidance.
- In the afternoons when the dispensary was closed, prescriptions and dispensed medicines could be collected by arrangement at the main surgery in Irthlingborough, or the prescription could be sent to a community pharmacy to be dispensed. The practice had taken steps to ensure patients were aware of who to contact when the dispensary was closed.
- The practice held a register of patients identified as carers and promoted support services available to carers and including information in patients areas in order to identify and support carers.

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 May 2016, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

Specifically, staff members did not record and monitor controlled drugs in line with legislation. The standard operating procedures (SOPs) did not contain all the required information and there was no evidence that controlled drugs were checked regularly. The provider had not ensured that out of date controlled drugs were disposed of regularly, and that the process for disposing of controlled drugs was followed.

During our focused inspection on 28 March 2017, we found the practice had taken action to improve and the practice is now rated as good for providing safe services.

- The practice had arranged a training session for dispensary staff in managing controlled drugs (medicines that require extra checks and special storage because of their potential for misuse) and they had put procedures in place to manage them safely. One member of staff had not yet qualified as a dispenser, and was fully supervised when dispensing controlled drugs.
- The controlled drugs policy had been revised to include details of the NHS England Controlled Drugs Accountable Officer.
- 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, and the out of date stock we saw at our last inspection had been disposed of in the presence of an authorised witness. Records were kept in line with controlled drugs legislation.
- We saw records of regular checks on controlled drugs stock, and a three monthly report was made to the practice clinical meeting. During one of the routine checks, staff had identified a discrepancy which had been appropriately recorded, reported and investigated. The controlled drugs procedure had been revised to reduce the risk of this type of error happening again.
- Blank prescriptions at the branch surgery were stored securely and the practice had introduced a log of serial numbers to monitor their use in line with national guidance.
- In the afternoons when the dispensary was closed, prescriptions and dispensed medicines could be collected by

Good



Summary of findings

arrangement at the main surgery, or the prescription could be sent to a community pharmacy to be dispensed. The practice had taken to steps to ensure patients were aware of who to contact when the dispensary was closed.

Dr Bevan and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a member of the CQC Medicines Team.

Background to Dr Bevan and Partners

Dr Bevan and partners is a semi-rural GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 11,200 patients living in Irthlingborough and surrounding areas of Woodford, Little Addington and Great Addington. (A GMS contract is a nationally agreed contract used for providing medical services). The main practice is known as Spinney Brook Medical Centre. There is a branch surgery located in Woodford which has a dispensary that dispenses to approximately 1,500 patients who live more than one mile from a pharmacy. We inspected the dispensary at the branch surgery as part of this inspection.

The main practice operates from a two storey premises. All consultations take place on the ground floor and the first floor accommodates the practice manager and administrative staff and a teaching and meeting room. The practice population has a higher than average number of patients aged 50 to 70 years and 0 to 5 years. National data indicates that the area is not one that experiences high levels of deprivation. The practice population is made up of predominantly white British patients.

There are six GP partners; two female and four male and there is one salaried GP. The practice employ seven practice nurses, an advanced nurse practitioner, a counsellor, and a practice manager who are supported by a team of administrative and reception staff.

The practice is open daily Monday to Friday between 8am and 6.30pm and on Mondays and Wednesdays extended hours appointments are offered until 8pm. The branch practice is open Monday to Friday from 8.30am until 12.30pm.

When the surgery is closed services are provided by Integrated Care 24 out of hours provider who can be contacted via NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Bevan and Partners on 18 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. The full comprehensive report following the inspection in May 2016 can be found by selecting the 'all reports' link for Dr Bevan and Partners on our website at www.cqc.org.uk.

We undertook a focused inspection of Dr Bevan and Partners on 28 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

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

addressed the breaches of legal requirements we identified during our comprehensive inspection on 18 May 2016. We carried out a focused inspection of Dr Bevan and Partners on 28 March 2017. During our inspection we visited the branch surgery and spoke with the practice manager and dispensary lead.

Are services safe?

Our findings

Following our inspection carried out 18 May 2016, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We carried out a focused inspection on 28 March 2017 to check action had been taken to improve the areas identified as requiring improvement. The provider is now rated as good for providing safe services.

Overview of safety systems and process

- During our focused inspection we found all dispensing staff had undertaken a training session on the safe handling and management of controlled drugs (medicines that require extra checks and special storage because of their potential for misuse).
- We saw evidence to confirm an NHS England authorised witness had visited the practice and provided further advice. All out of date controlled drugs had been destroyed and the practice had a process in place to ensure the process for disposing controlled drugs was followed.
- Controlled drugs were kept securely in the practice and only appropriate staff members had access. We found the practice was correctly recording information in their controlled drugs register. We checked three samples of controlled drugs and found that these had been checked regularly and records of stock levels were correct.
- The practice completed regular checks on their medicine stock and also undertook an audit on a quarterly basis. The practice had identified a discrepancy during a routine audit. The practice had reported this to NHS England and recorded it as an incident for discussion at a practice clinical meeting.
- The practice had updated their Standard Operating Procedure (SOP) for controlled drugs to include a check on the quantity after a prescription was dispensed. The practice's SOP was in line with national regulations.
- The practice had taken steps to ensure patients were advised to contact the main surgery when the branch surgery was closed. This included notice on entrance door at the branch surgery and an answerphone message advising patients to contact the main surgery when the branch is closed.
- The practice had implemented a log of prescriptions received at the branch. Blank prescriptions were stored securely and the practice had a system in place to monitor their use.
- All staff had completed infection control training during a protected learning session which was held in December 2016. We saw evidence to confirm this
- All staff members had received or were in the process of receiving an annual appraisal.
- The practice held a register of patients identified as carers, they had identified 133 patients as carers which represented 1.2% of the practice list. The practice promoted support services available to carers. The practice also displayed information in the patients areas in order to identify and support carers.