

Denton Village Surgery

Inspection 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 location

Good



Are services safe?

Good



Overall summary

We carried out an announced comprehensive inspection at Denton Village Surgery on 5 February 2019 as part of our inspection programme, and to review breaches of regulations identified at the inspection carried out on 2 April 2019. The overall rating for the practice was Good. The full comprehensive report on the February 2019 inspection can be found on our website at www.cqc.org.uk.

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what type of inspection was necessary and proportionate. This was therefore a desk-based review.

On 5 October 2020 we carried out a desk-based review to confirm that the practice had carried out their plan to meet the legal requirements in relations to the breaches of regulation we identified at our previous inspection on 5 February 2019. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

We found that improvements had been made and the provider was no longer in breach of the regulations and we have amended the rating for this practice accordingly. The practice is now rated as Good for the provision of safe services. We previously rated the practice as Good for providing effective, caring, responsive and well-led services.

During this desk-based review we looked at a range of documents submitted by the practice to demonstrate how they met the requirement notices. This included:

- Risk assessments
- Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts processes
- Records to confirm improvements made.

During the desk-based review we looked at the following question:

Are services safe?

We found that this service was providing a safe service in accordance with the relevant regulations and had demonstrated they had acted on the required improvements and had implemented the following:

- Arrangements had not been in place to monitor the temperature of a room where medicines were stored to

ensure they were stored safely, according to the manufacturer's guidelines. The practice had made changes which included the completion of a risk assessment and the implementation of a temperature log so that the room temperature could be monitored and managed daily by the dispensary team. An air conditioning unit had also been installed to ensure the temperature remained constant. This unit was scheduled to be serviced and maintained annually.

- MHRA and other safety alerts had not been managed effectively to ensure that all action had been taken as required. The practice confirmed that improvements to the management of all alerts had been made. All alerts were received by email by designated key staff including the practice manager. A written protocol for handling all alerts had been implemented and had been recently updated.
- A clear audit trail of action taken was recorded through the practice intranet. All staff had access to alerts. In addition, all alerts which were relevant for prescribers (as opposed to those solely for action by the dispensary, such as batch recalls) were circulated using a designated alert template with a link for them to read/action. The data administrator was informed of any alerts which required clinical searches and any patients identified were then reviewed by clinicians. Significant alerts were reviewed at the practice's monthly multi-disciplinary team meetings.

During the inspection in February 2019 improvements had been identified for the population group of patients with poor mental health. The practice needed to review the care plans for patients with mental health concerns and dementia. The practice confirmed that action had been taken to improve care and treatment for patients with mental health concerns. This included:

- Investment in templates that ensured clinicians had access to the most up to date clinical templates when conducting patient reviews.
- Engagement with monthly Primary Care Network (PCN) led frailty reviews which allowed opportunities to link up with a social worker, the collaborative care team and other organisations such as Money Advice Service and Age UK. Most often patients selected had complex mental health needs or suffered from dementia.
- Data showed that improvements had been made on the number of care plan reviews completed for the past year.

Overall summary

Details of our findings and the evidence supporting our ratings are set out in the evidence table.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

This inspection was carried out by a CQC Lead Inspector.

Background to Denton Village Surgery

Denton Village Surgery is in the village of Denton, Northamptonshire and serves approximately 6,100 patients. Patients are registered at the practice from 14 surrounding villages. The practice holds a General Medical Services contract and provides GP services commissioned by Nene and Corby Clinical Commissioning Group (CCG) and NHS England.

The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided. The practice is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to 99% of registered patients. Medicines can be collected from the practice or any of five designated outlets. The dispensary has a dispensary manager and seven dispensers who work varying hours.

The practice's clinical team is led by the provider (principal GP), who provides six clinical sessions per week. There are four salaried GPs (male and female) and locum GPs at the practice. The practice has a lead prescribing nurse, a prescribing nurse, two practice nurses, a phlebotomist and a health care assistant. There are four members of the reception team led by a reception manager, four administrative roles and a social prescribing link worker in post. The practice manager is supported by an assistant manager and has a dispensary team led by a dispensary manager.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's telephone line being routed to an answering service which will pass on messages. Extended access is provided through the Principal Medical Limited federation. Otherwise, patients calling the practice when it is closed are directed to the local out-of-hours service provider via NHS 111.