

Dr J.P. Mounty and Partners

Quality Report

Meopham Medical Centre
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Date of inspection visit: 29 July 2015

Date of publication: 27/08/2015

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 at Dr J.P. Mouny and Partners on the 29 July 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe services.

Our key findings across all the areas we inspected were as follows:

- The practice had safe systems and processes to manage medicines, including a system to undertake regular checks of the medicine stocks of controlled drugs kept in the dispensary.

- There was a system for the security of blank prescription pads and forms used in computer printers. A risk assessment been completed to identify and minimise any risks in relation to this.
- The practice had developed a protocol to manage the security arrangements for the dispensary and a risk assessment had been completed to identify and minimise any risks in relation to this.
- Dispensary staff had received appropriate training and their competencies had been assessed by the GPs in relation to the safe handling of medicines.

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 previous comprehensive inspection on the 21 October 2014 the practice had been rated as requires improvement for providing safe services. The practice had been unable to demonstrate that they met the requirements in relation to the management of medicines. The practice did not have a system to undertake regular checks of the medicine stocks of controlled drugs kept in the dispensary. An assessment of the risks in relation to the security of blank prescription pads and forms kept in the computer printers had not been undertaken. An assessment of the risks in relation to the security of the dispensary outside of core working hours had not been undertaken. Competency assessments had not been completed for the staff who dispensed medicines to check that they had the appropriate training and skills to manage medicines safely.

At our focused follow-up inspection on the 29 July 2015, the practice provided records and information to demonstrate that the requirements had been met. This included a system to help ensure medicines were dispensed safely, by staff who had the appropriate training and skills, and that medicine stocks of controlled drugs were checked regularly. Documents and records showed that risk assessments had been carried out in relation to the security of prescription pads and forms and to identify the security arrangements for the dispensary outside of core working hours.

Good



Summary of findings

Dr J.P. Mounty and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a lead CQC inspector.

Background to Dr J.P. Mounty and Partners

Dr J.P. Mounty and Partners provides medical care Monday to Friday from 8am to 6pm, with extended opening hours on Monday to Friday mornings from 7am to 8am. The practice is situated in Meopham, near Gravesend in Kent and provides a service for approximately 9,600 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups that use the practice and the practice holds a General Medical Services (GMS) contract with the Dartford, Gravesham and Swanley area Clinical Commissioning Group (CCG). The practice does not provide out of hours services to its patients and information is available to patients about how to contact the local out of hours services when the practice is closed.

The practice has two male and two female GP partners. There are two part-time practice nurses, a health care assistant, a phlebotomist and five dispensary staff. The practice has a number of administration / reception and secretarial staff as well as a practice manager. The practice is also a training practice and has two trainee GP registrars.

Services are provided from:

Meopham Medical Centre

Wrotham Road

Meopham

Gravesend

Kent. DA13 0AH

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 21 October 2014, as part of our regulatory functions. The inspection was planned to check whether the provider was 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. Breaches of the legal requirements were found.

As a result, we undertook a focused inspection on 29 July 2015 to follow up on whether action had been taken to deal with the breaches.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the provider that told us how they had addressed the breaches identified during the comprehensive inspection. We carried out an announced visit on 29 July 2015. During our visit we spoke with one of the GP partners and the practice manager. We reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Medicines management

The practice had a process for managing medicines safely. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard operating procedures that set out how they were managed. This included monthly checks of the stocks of controlled drugs held. The practice had developed and implemented a system for checking the stocks of controlled drugs on a monthly basis and this was undertaken by the dispensary staff. Records showed that two members of staff signed and dated the checklist to confirm that each of the controlled drugs held in the dispensary were accounted for and were recorded in the controlled drugs register.

The practice had a system for the security of blank prescription pads and forms used in computer printers. A protocol had been implemented for staff guidance setting out the procedure for tracking prescription pads through

the practice, including the ordering and safe storage of stocks. A risk assessment been completed to identify and minimise any risks in relation to this, including the areas / rooms in the practice where prescription pads and forms were used.

The practice had developed and implemented protocols to manage the security arrangements for the dispensary, including access arrangements for the contractors who cleaned the dispensary. A risk assessment had been completed to identify and minimise any risks in relation to this. This included changes to the times when contractors cleaned the area, to ensure practice staff were available to provide supervised access.

The practice had a system to assess the competencies of all dispensary staff who handled medicines. This included discussions and observation of individual tasks carried out by the staff. Records showed that all the dispensary staff had been assessed by the GPs as competent to handle medicines safely.