

Dr Black & Partners

Quality Report

Chellaston 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 comprehensive inspection at Dr Black & Partners on 14 June 2016. The overall rating for the practice was good, but it was rated as 'requires improvement' for providing safe services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Black & Partners on our website at www.cqc.org.uk.

We carried out an announced focused inspection on 14 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 June 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Improvements had been made to the systems and processes in place which was highlighted following our initial inspection. Specifically the arrangements for delivering safe care and treatment.

- The practice had clearly defined and embedded systems to ensure clinical oversight of medicine management processes to support the safe issue of prescriptions.
- Risks to patients and staff were assessed and well managed. This included fire safety, management of legionella, and health and safety.
- The practice had a comprehensive business continuity plan for major incidents and copies of the plan were held off site.

The areas where the provider should make improvement are:

- Ensure additional member(s) of staff are identified and trained to carry out the weekly testing of fire safety arrangements to support the responsible person in their absence.

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 good for providing safe services.

- There were systems in place to ensure the safe management of medicines, specifically processes for handling and issuing prescriptions.
- We found the practice had strengthened and audited the prescribing process to ensure GP approval and clinical oversight of changes made to medicines in response to letters received from secondary care services.
- Risks to patients were assessed and well managed. This included fire safety, management of legionella and health and safety.
- The practice had a business contingency plan which included arrangements for dealing with foreseeable emergencies that could affect the provision of services. Copies of the contingency plan were kept offsite by key members of staff.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure additional member(s) of staff are identified and trained to carry out the weekly testing of fire safety arrangements to support the responsible person in their absence.

Dr Black & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Black & Partners

Dr Black & Partners provides primary medical services to approximately 14,800 patients via a General Medical Services (GMS) contract commissioned by NHS England and NHS Southern Derbyshire Clinical Commissioning Group. Patients can access services across two sites. The main location is Chellaston Medical Centre which is situated in Rowallan Way, Chellaston, Derby, DE73 5BG. The branch surgery is Melbourne Medical Centre which is situated in Penn Lane, Melbourne, Derby, DE73 8EF.

We visited the main location during our inspection. The practice operates from purpose-built premises and all patient services are provided on the ground floor of the building, whilst the upper floor is utilised for administration.

The practice is run by a partnership of five GPs (three females and two males). The partners employed two salaried GPs (male and female) at the time our inspection. A third salaried GP is scheduled to commence their role on 21 August 2017. The GPs are supported by:

- A clinical pharmacist, a practice nurse, three urgent care practitioners and a health care assistant. All of the clinical staff work across the two surgeries.
- The clinical team is supported by a practice manager and a team of reception and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments at both practices are generally available from 8.30am to 11.30am and 3.30pm to 5.30pm daily.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Black & Partners on 14 June 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 and requires improvement for provide safe services. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Dr Black & Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Black & Partners Health Centre on 14 August 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

We carried out a focused inspection of Dr Black & Partners on 14 August 2017. During our visit:

- We spoke with a range of practice staff including the practice manager, the clinical pharmacist and administrative staff.

Detailed findings

- We reviewed records relating to the management of the regulated activities including policies and procedures, audits, risk assessments and information used by the practice staff to deliver care and treatment.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 14 June 2016, we rated the practice as requires improvement for providing safe services. People were at risk of harm because effective systems and processes were not always in place to ensure:

- Clinical oversight of all amendments and additions made to prescriptions.
- Risks associated with fire safety and legionella were assessed and necessary action was taken to mitigate this.

We also recommended the provider should make the following improvements:

- Consider whether the business continuity plan should be available off site.
- Review the documentation relating to risks assessed for staff and patients to ensure these are robust, regularly reviewed and accessible.

These arrangements had significantly improved when we undertook a follow up inspection on 14 August 2017. The practice is now rated as good for providing safe services.

Medicines management

There was a process in place to support the safe issue of prescriptions.

- The arrangements to ensure clinical oversight of amendments made to prescriptions following correspondence received from secondary care services had been strengthened.
- For example, discharge letters and letters received from hospital consultants were initially reviewed by a GP and prescribing clerks were authorised to make the necessary changes to the prescriptions. The prescribing clerks made use of alerts/tasks within the computer system to prompt GPs to check and agree any changes made to medicines. A sample of patient records we looked at included the following alerts “new hospital initiated drug, GP to check dose and clinical indication or contraindications” or “a prescription query” before they were assigned to a GP. GPs would then respond to the alert by checking that the correct changes had been made before signing the prescriptions for issue to patients.

- The practice had reviewed and updated its repeat prescribing policy in June 2016. The policy was discussed and shared with relevant staff to ensure they were aware of the best practice guidance. This was confirmed by the pharmacist and prescribing clerk we spoke with, and records signed by staff to confirm they had read the policies.
- The clinical pharmacist had undertaken an audit titled “medicines reconciliation audit – hospital discharge to primary care” three months after changes had been made. The audit looked at the quality improvement made as a result of the improved communication process between the prescribing clerks and the GPs. The audit findings showed 75% of the medication changes made to prescriptions had been communicated to the GPs through an alert/task and in line with the repeat prescribing policy. Staff told us they felt assured that the GPs had clinical oversight of amendments and additions made to prescriptions. A re-audit had also been completed but the patient outcomes were yet to be fully analysed and summarised.

Monitoring risks to patients

The practice had strengthened the risk management process to ensure risks to patients and staff were assessed and monitored.

- A fire risk assessment had been completed in October 2016 at both Chellaston and Melbourne medical centres. This had resulted in an action plan and we saw evidence of the practice responding to the majority of issues that had been identified as requiring improvement. This included ensuring fire resisting doors had adequate signage and ensuring electrical installations within the buildings had been tested. Outstanding actions such as carrying out a planned fire drill were scheduled to be completed in September 2017.
- The practice had reviewed and updated its fire safety policy and procedures in August 2016. Records reviewed showed a regular programme was in place to ensure fire alarm points and doors were tested on a weekly basis (with the exception of June 2017 when this had not been completed due to absence of the responsible person).
- Fire extinguishers were tested, serviced regularly and in full working order.

Are services safe?

- Staff had completed fire safety training and two staff members were fire marshals.
- An unplanned fire drill took place on 20 June 2017 and staff told us people within the building had been evacuated to safety. Records reviewed and staff we spoke with showed they were aware of the procedure to follow in the event of a fire.
- The practice had updated and reviewed its legionella policy and management plan in July 2016 and May 2017. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We saw evidence of action being taken to mitigate risks. This included assessing the risk of legionella and flushing infrequently used water outlets on a weekly basis. We however noted that the recording of water temperatures was not always recorded in line with practice policy.
- The practice had commissioned an external company to undertake water sampling testing at Chellaston Medical Centre and Melbourne Medical Centre in June 2016. Records reviewed showed no legionella bacteria were found in the samples analysed.
- Practice staff received information on infection control as part of new staff inductions and on-line training was available.
- The practice had a variety of risk assessments in place to monitor the safety of the premises and activities undertaken by staff. This included control of substances hazardous to health, general office duties and specific tasks undertaken by clinical staff.

Arrangements to deal with emergencies and major incidents

- The practice had a comprehensive business continuity plan for major incidents such as building damage and the loss of essential supplies such as electricity and water. The plan had been reviewed and updated in November 2016. The plan included contact numbers for staff and suppliers of utilities. Copies of the plan were kept off site by three key members of staff.