

Dr Katie Parkinson

Quality Report

Haileybury Health Centre, Hertford Heath
Hertford, Hertfordshire, SG13 7NU
Tel: 01992 706288

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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 of Dr Katie Parkinson on 18 January 2017. The overall rating for the practice was good with requires improvement for safe.

The full comprehensive report from the January 2017 inspection can be found by selecting the 'all reports' link for Dr Katie Parkinson on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 June 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 18 January 2017;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The areas identified as requiring improvement during our inspection in January 2017 were as follows:

- Ensure ongoing management of controlled drugs in line with legislation.
- Ensure repeat prescriptions are signed prior to medicines being given to patients.

- Complete a risk assessment of emergency medicines including the need to carry additional emergency medicine stock.

In addition, the practice were told they should:

- Consider reviewing the process for identifying significant events and near misses.
- Record actions taken in relation to safety alerts.
- Ensure that systems are implemented to assess the risk of and to prevent, detect and control the spread of infection including routine audit processes.
- Ensure an appropriate system is in place for the safe use of blank prescriptions.
- Complete a periodic review of practice specific policies.

Overall the practice is now rated as good in all areas.

Our focused inspection on 14 June 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- The controlled drugs standard operating procedure had been reviewed and was in line with legislation. The controlled drugs register was appropriately maintained including accurate records of stock levels.
- The provider had implemented a repeat prescribing policy and arrangements were in place to ensure prescriptions were issued appropriately.

Summary of findings

- The provider had completed a risk assessment of emergency medicines and had updated their emergency medicine stock.
- The process for identifying significant events and near misses had been improved.
- The provider maintained a log of safety alerts and recorded actions taken to improve safety in the practice.
- Systems and processes to assess the risk of and to prevent, detect and control the spread of infection had been reviewed and the practice had completed an infection prevention and control audit.
- An appropriate system was in place for the safe use of blank prescriptions.
- The provider had undertaken a review of their policies.

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 January 2017, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

Specifically, the standard operating procedure in place for the safe management of controlled drugs did not fully cover the activities taking place at the practice. Balance checks for controlled drugs were not being carried out and the stock level in the controlled drugs register for one medicine was incorrect. In addition, the register was not always completed accurately when medicines were collected by patients/carers. Repeat prescriptions were not signed before they were dispensed and given to patients. The practice had not risk assessed the need to carry additional emergency medicine stock.

During our focused inspection on 14 June 2017, we found the practice had taken action to improve and the practice is now rated as good for providing safe services.

- The controlled drugs Standard Operating Procedure (SOP) had been reviewed to ensure it covered all the activities taking place at the practice. The SOP was in line with legislation. The practice completed a weekly check of stock levels for controlled drugs and maintained accurate records of this. The practice maintained clear records of the required information when medicines were collected by patients/carers.
- The practice had implemented a repeat prescribing policy and arrangements were in place to ensure prescriptions were issued appropriately.
- A risk assessment of emergency medicines had been completed and the practice had updated their emergency medicine stock.

Good



Dr Katie Parkinson

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

Background to Dr Katie Parkinson

Dr Katie Parkinson provides primary medical services to approximately 810 patients from premises at Haileybury Health Centre, Hertford Heath, Hertford, Hertfordshire. The Health Centre is located in Haileybury, which is an independent co-educational boarding and day school for boys and girls aged 11 to 18 years. The health centre is open to all pupils and people who have an association with the school, this includes a small number of patients from the local area.

The health centre has facilities to accommodate up to 18 pupils as inpatients and has a fully equipped ambulance providing pitch-side care at sports matches and events.

Dr Katie Parkinson is the school's resident doctor and works with six school nurses, a counsellor and physiotherapist. A male GP is also used as a regular locum. The school also employs two reception staff and two domestic staff members. The practice provides a dispensing service and dispenses medicines to approximately 700 patients.

The GP is available to patients between 8am and 6.30pm Monday to Friday. Appointments with a GP are available from 9am to 10am and 5.30pm to 6.30pm on Mondays, between 2.30pm and 4.30pm on Tuesdays, between 9am and 11am and between 2pm and 4.30pm Wednesdays and Thursdays. Appointments with a GP are available on

Fridays between 9am and 11am and during the afternoon if required. Appointments on Saturdays are provided between 9am and 11am. The practice provides a pupil walk-in surgery from 8am to 9am Mondays to Saturdays. The school nursing team are available for emergencies 24 hours a day, seven days a week. This service is provided by the school and overseen by the GP who is available if required.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Katie Parkinson on 18 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for safe. The full comprehensive report following the inspection on January 2017 can be found by selecting the 'all reports' link for Dr Katie Parkinson on our website at www.cqc.org.uk.

We undertook a focused follow up inspection of Dr Katie Parkinson on 14 June 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 information told us how the provider had addressed the breaches of legal requirements we identified during our comprehensive inspection on 18 January 2017.

Detailed findings

We carried out a focused inspection of Dr Katie Parkinson on 14 June 2017. During our inspection we spoke with the principal GP, senior nurse, a receptionist and a domestic staff member.

Are services safe?

Our findings

At our previous inspection on 18 January 2017, we rated the practice as requires improvement for providing safe services.

We found that the standard operating procedure in place for the safe management of controlled drugs did not fully cover the activities taking place at the practice. Balance checks for controlled drugs were not being carried out and we saw that the stock level in the controlled drugs register for one medicine was incorrect. In addition we saw that the register was not always completed accurately when medicines were collected by patients/carers. We found repeat prescriptions were not signed before they were dispensed and given to patients. Some emergency medicines were not routinely held due to the age ranges of the patients regularly seen however the practice had not risk assessed the need to carry additional emergency medicine stock.

Following our inspection carried out on 18 January 2017, 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 14 June 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 that the Standard Operating Procedure (SOP) had been reviewed to ensure it covered all the activities taking place at the practice. The SOP was in line with legislation. The practice completed a weekly check of stock levels for controlled drugs and we saw evidence to confirm the practice maintained accurate records of this. At the time of inspection the practice held two controlled drugs and the balance checks recorded for these medicines were accurate. The practice maintained clear records of the required information when medicines were collected by patients/carers.

The practice had implemented a repeat prescribing policy. We discussed the process with the GP and senior nurse and checked a sample of prescriptions awaiting collection. Arrangements were in place to ensure prescription requests were managed and issued appropriately.

The practice had completed a risk assessment of emergency medicines and all the emergency medicines we checked were in date.

Senior staff had reviewed the process for identifying significant events and near misses and the practice had recorded three significant events within the previous six months. Senior staff understood their roles in discussing, analysing and learning from incidents and events.

The practice maintained a log of safety alerts and we saw evidence to confirm actions had been taken to improve safety in the practice. For example, the practice had received a safety alert in relation to a dosage change for a specific medicine. The practice had completed a search on their system and recorded the action taken.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The infection prevention and control (IPC) policy had been reviewed and updated. IPC audits were scheduled to be undertaken on a regular basis and the latest IPC audit was completed in January 2017. We saw evidence to confirm that this audit was comprehensive and action had been taken to address any improvements identified as a result. For example, the practice had taken steps to ensure a record of annual hand hygiene training for all staff members was maintained.

The practice had implemented a log of prescriptions received at the practice. Blank prescriptions were stored securely and the practice had a system in place to monitor their use.

The practice had completed a review of their policies in January 2017 to ensure they were comprehensive and up-to-date. We saw evidence to confirm this. The practice had a system in place to ensure the policies were practice specific and reviewed on a regular basis.