

The New Queen Street Surgery

Quality 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 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 The New Queen Street Surgery on 28 June 2016. The overall rating for the practice was good, and requires improvement in relation to providing safe services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for The New Queen Street Surgery on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 23 May 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 28 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is rated as good, which includes providing safe services.

Our key findings were as follows:

- The practice had created and appointed to a new dispenser post for 27.5 hours per week to improve dispensing services.
- There was an effective system in place for reporting, recording, investigating, reviewing and learning from near misses in the dispensary.

- Dispensing standard operating procedures for dispensing medicines, including controlled drugs (CDs) and dispensary stock, had been reviewed and updated. (Controlled Drugs are medicines that require extra checks and special storage requirements because of their potential for misuse).
- Improvements had been made to ensure the dispensing process for medicines, including CDs was safe.
- The practice had established a system for checking that medicines in the dispensary were in date. We reviewed documented records that these checks had been undertaken. These included checks of the controlled drugs and that the controlled drug register had been completed appropriately.
- The practice had undertaken a planned fire drill in November 2016 and this had been documented. Future fire drills had been scheduled according to their fire safety policy.
- The arrangements for the safe storage of clinical supplies had been reviewed. These were now kept in a locked storage room, to minimise the risk of unauthorised access.
- The practice had increased the number of annual health checks undertaken for people with learning disabilities from 24% during 2014 to 2015 to 73% from 2016 to 2017. A dedicated administrator was now responsible for coordinating and booking the reviews.

Summary of findings

These were scheduled on the patient's month of birth and a recall system was set up to monitor uptake. The practice had developed links with a learning disability link nurse who supported this work, which included the use of easy read information for inviting patients, informing them about the health check and a pre health check questionnaire.

- The practice had established systems to monitor the practice appointment system and had made changes to increase effectiveness. The practice now offered a broader range of appointment times throughout the day and week and had increased the number of telephone appointments available for patients. Patients also had access to GP and nurse appointments from 6.30pm to 8pm Monday to Friday

and from 9am to 5pm Saturday and Sunday at a central location in Peterborough. Patients from the practice could be booked an appointment through the practice computer system.

At our previous inspection on 28 June 2016, we rated the practice as requires improvement for providing safe services as systems and processes relating to the dispensing of medicine, including Controlled Drugs, were not always followed. (Controlled Drugs are medicines that require extra checks and special storage requirements because of their potential for misuse). At this inspection we found that improvements had been made. Consequently, the practice is rated as good for providing safe services.

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 inspection on 23 June 2016, patients were at potential risk of harm because systems and processes relating to the dispensing of medicine, including Controlled Drugs, were not always followed.

Our desk based inspection on 23 May 2017 found that improvements had been made.

- The practice had created and appointed to a new dispenser post for 27.5 hours per week. Once the dispenser had qualified, the practice planned for a qualified dispenser to be available in the dispensary from 8am to 6pm every working day.
- There was an effective system in place for reporting, recording, investigating, reviewing and learning from near misses in the dispensary.
- Dispensing standard operating procedures for dispensing medicines, including controlled drugs (CDs) and dispensary stock had been reviewed, updated and signed by all dispensing staff. (Controlled Drugs are medicines that require extra checks and special storage requirements because of their potential for misuse). These reflected the safety improvements they had made since the previous inspection.
- The practice had introduced a system of bar code scanning when medicine stock was entered on the computer system and when medicine was dispensed, to reduce the risk of dispensing errors. Checks by a second person were also in place when necessary.
- The practice manager and a dispenser confirmed that all prescriptions for controlled drugs were printed as a paper prescription and signed by a GP, prior to being given to the dispensary for dispensing.
- The practice had established a system for checking that medicines in the dispensary were in date. We reviewed documented records that these checks had been undertaken. These included checks of the controlled drugs and that the controlled drug register had been completed appropriately.
- The practice had undertaken a planned fire drill in November 2016 and this had been documented. Future fire drills had been scheduled according to their fire safety policy.
- The arrangements for the safe storage of nurse supplies had been reviewed. These were now kept in a locked storage room, to minimise the risk of unauthorised access.

Good



The New Queen Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC lead inspector.

Background to The New Queen Street Surgery

The New Queen Street Surgery is situated in Whittlesey, Cambridgeshire. The practice provides services for approximately 10,270 patients and operates from a purpose built surgery. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice building operates over two floors. A lift is available for access to the upper part of the building.

The practice has seven GP partners, three female and four male, and five female salaried GPs. The team includes eight nurses, three healthcare assistants, one phlebotomist, and a pharmacist. They also employ a practice manager, a deputy practice manager, medical secretaries and two lead dispensers. A team of 14 reception and administration staff support the practice manager and the lead dispensers.

The practice holds a General Medical Services (GMS) contract, and is a training practice with four GP trainers. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. The practice has up to two trainee GPs working in the practice at any one time.

The practice also supports the education for Foundation Year Two doctors. Foundation Year Two doctors are qualified doctors who undertake a four month placement in the practice to gain experience of primary care. The practice has up to two Foundation Year Two doctors at any one time. The practice also teaches medical students from Cambridge University.

The most recent data provided by Public Health England showed that the patient population has a higher than average number of patients up to the age of four and aged 60 to 69 compared to the England average. The practice has a lower than average number of patients aged between 20 to 24 and 35 to 39 compared to the England average. The practice is located within an area of medium deprivation.

The practice reception is open between 8am to 6pm Tuesday to Friday, and until 9pm on Mondays. GP appointments are available from 8.20am to midday and from 2pm to 5.30pm, Tuesday to Friday. On Mondays, appointments are available until 9pm. Nurse appointments are available from 8.20am to 1pm and from 2pm to 5.30pm Monday to Friday. Patients also have access to GP and nurse appointments from 6.30pm to 8pm Monday to Friday and from 9am to 5pm Saturday and Sunday at a central location in Peterborough. Patients from the practice can be booked an appointment through the practice computer system.

Why we carried out this inspection

We undertook a comprehensive inspection of The New Queen Street Surgery on 28 June 2016 under Section 60 of

Detailed findings

the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, but requires improvement for providing safe services. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for The New Queen Street Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of The New Queen Street Surgery on 23 May 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 desk-based focused inspection of The New Queen Street Surgery on 23 May 2017. This involved reviewing evidence provided by the practice in relation to dispensary standards operating procedures, dispensary incident and near miss reporting, dispensing staff hours, staff training and competencies, fire policy and fire drills, storage room access, learning disability annual health checks and amendments to the appointment system. We spoke with the practice manager and a dispenser to update us on the actions identified in the 28 June 2016 inspection.

Are services safe?

Our findings

At our previous inspection on 28 June 2016 we rated the practice as requires improvement for providing safe services.

- We found that patients were at potential risk of harm because systems and processes relating to the dispensing of medicine, including Controlled Drugs (CDs), were not always followed. (Controlled Drugs are medicines that require extra checks and special storage requirements because of their potential for misuse). The standard operating procedure for dispensing of medicines stated that there should be a second accuracy check undertaken before the medicine was handed to the patient; however we saw medicines being dispensed without a second accuracy check. The dispensary kept a register of CDs; however the recording process was incomplete in some areas. For example, although dispensary staff were able to explain the processes for checking the identity of patients collecting CDs, there were some records of CDs dispensed to patients that had not been completed appropriately. These arrangements had improved when we undertook a desk based review on 23 May 2017. The practice is rated as good for providing safe services.

Overview of safety systems and process

The practice had made improvements to their dispensing arrangements:

- The practice had increased the number of dispensary staff hours by 27.5 hours a week. A dispenser had been appointed to fill this role and were being trained to NVQ level two. Once the dispenser qualified, the practice planned for a qualified dispenser to be available in the dispensary from 8am to 6pm every working day.
- Reception staff covered the dispensary when the dispenser was not present in the afternoon and during holiday and sickness. Six reception staff were qualified to NVQ level two in dispensing; one receptionist was currently undertaking the training and two new members of staff had recently started the training.
- There was an effective system in place for reporting, recording, investigating, reviewing and learning from near misses in the dispensary. The practice had written and adopted a 'dispensary near miss reporting policy.' This included the identification, reporting and review of near misses in the dispensary. We reviewed evidence

that appropriate staff had received training on near miss error reporting. We were sent a copy of the near miss error reporting log file. Two near misses had been recorded, reviewed and action had been taken. These had been discussed with the relevant staff to reduce the risk of reoccurrence. These had been signed by all dispensing staff.

- The practice had reviewed and updated three standard operating procedures; dispensing a prescription in the dispensary, dispensing a schedule two controlled drug and dispensary stock, to reflect the safety improvements they had made since the previous inspection.
- The practice had introduced a system of bar code scanning when medicine stock was received and entered on the computer system, and when medicine was dispensed to reduce the risk of dispensing errors. Checks by a second person were also in place. Staff had received training and support to ensure they understood and were competent in using the new system.
- The standard operating procedure for dispensing a schedule two controlled drug had been reviewed and updated. This detailed that all prescriptions for controlled drugs were printed as a paper prescription and signed by a GP, prior to being given to the dispensary for dispensing. The practice manager and a dispenser confirmed that all prescriptions for controlled drugs were signed by a GP before they were dispensed. They also confirmed that all relevant entries were made in the CD register at the time of issue to the patient or their representative. A process was in place to check this.
- All staff involved in dispensing had received comprehensive training appropriate to their role. This included for example, controlled drugs, storage and repeat prescribing protocols. Support had also been given at staff meetings. Additional training and update training had also been booked.

Monitoring risks to patients

Some of the areas where the provider should make improvements had also been completed.

- The practice had undertaken a planned fire drill in November 2016 and this had been documented. Future fire drills had been scheduled according to their fire safety policy.

Are services safe?

- The practice had reviewed the arrangements for the storage of clinical supplies. These were now kept in a locked storage room, to minimise the risk of unauthorised access. There was a policy in place and

this had been signed by all members of the nursing team who required access to this room. A notice was displayed on the door to reinforce to nursing staff that the door must be kept locked.