

The New Dispensary

Quality Report

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Date of inspection visit: 31 October 2017
Date of publication: This is auto-populated when the report is published

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 Dispensary on 11 January 2017. The practice was rated requires improvement for providing safe services with an overall rating of good. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The New Dispensary on our website at www.cqc.org.uk.

This inspection was a follow up focused inspection carried out on 31 October 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 11 January 2017. This report covers our findings in relation to those requirements.

We found the practice had taken action to address areas where improvements were needed. The practice had made extensive changes which had resulted in significant improvements.

Our key findings were as follows:

- Effective systems and processes had been implemented to ensure patients who were prescribed high risk medicines received monitoring in line with national guidance.
- The system for tracking and monitoring prescriptions for controlled drugs had been improved and enabled effective monitoring.

The practice is now 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?

The practice is now rated as good for providing safe services.

- The system for tracking prescriptions for controlled drugs had been improved to enable more effective monitoring.
- Effective systems and processes had been implemented to ensure patients who were prescribed high risk medicines received monitoring in line with guidance.

Good



The New Dispensary

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor.

Background to The New Dispensary

The New Dispensary moved into a purpose built building in 2008 which offers a good level of access to both floors via a lift as well as offering disabled parking, a lowered desk and toilet facilities. The practice provides care to a current list size of 6911 patients through a General Medical Services (GMS) contract.

The practice is in an area of low deprivation with levels of deprivation affecting children and older people significantly lower than the national average but in line with the Clinical Commissioning Group (CCG) area. The practice is registered to provide the following regulated activities: surgical procedures, family planning, diagnostic and screening procedures, maternity and midwifery services; and treatment of disease, disorder or injury.

The clinical team comprises of:

- Two male and two female GP partners.
- Two practice nurses and a health care assistant (HCA)

The clinical team is supported by a practice manager and a team of secretarial, reception and administrative staff. This practice provides teaching and training for doctors who wish to become GPs. (Trainee GPs are qualified doctors undertaking a period of additional training to qualify as a GP).

The main surgery opens from 8.30am to 6.30pm Monday to Friday although the telephone system opens at 8am. Consulting times are from 8.40am to 12.30pm each morning and from 3.30pm to 5.30pm each afternoon. For patients who find it difficult to attend during normal working hours the practice offers booked appointments on Saturday mornings between 8am and 11.30am.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Care UK and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of The New Dispensary on 11 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 overall, with requires improvement in the provision of services that were safe. The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for The New Dispensary on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of The New Dispensary on 31 October 2017. This inspection was carried out to confirm the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 January 2017. This report covers our findings in relation to those requirements.

How we carried out this inspection

During our inspection of The New Dispensary we:

Detailed findings

- Spoke with a GP partner and the practice manager.
- Reviewed information provided by the practice prior to the inspection.
- Looked at information the practice used to deliver care and treatment plans.

Are services safe?

Our findings

At our previous inspection on 11 January 2017 we rated the practice as requires improvement for providing safe services as improvements were needed because:

- Prescriptions for controlled drugs were not tracked effectively.
- The systems for ensuring that patients prescribed high risk medicines received monitoring in line with best practice guidelines needed strengthening.

During our follow up focused inspection on 31 October 2017 we found that the practice had taken action to address the areas identified in the January 2017 inspection. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the previous inspection improvements had been required

- In the management of prescriptions for controlled drugs;
- To the system for monitoring patients who were prescribed high risk medicines according to best practice guidelines.

At this inspection we found:

- That prescriptions for controlled drugs were now tracked effectively. Controlled drugs are medicines that require extra checks and special storage because of their potential misuse. We saw that the practice had implemented a system for tracking prescriptions of controlled drugs. The process included separate storage of the prescriptions, completion of a register to log all

prescriptions including the details of the person collecting these. Additionally, each prescription was coded to and tracked through individual patient records.

- The systems for ensuring patients prescribed high risk medicines received monitoring in line with best practice guidelines had been strengthened. The practice demonstrated that significant improvements had been made.

A revised monitoring protocol had been implemented which encouraged patient education and participation in ensuring they understood the necessity for regular monitoring. Searches of patients prescribed high risk medicines had been completed and a recall programme had been established to ensure reviews were carried out for all patients. The practice confirmed that those patients who had not received a review of their high risk medicines at the last inspection had been followed up.

The practice had introduced a programme of monthly audits for each high risk medicine. Further analysis and comparisons were completed including identifying patients who failed to respond to recalls. A process for recall letters was introduced to encourage patients to attend. Where patients continued to be unresponsive after three recall letters had been sent, further letters to reduce or withdraw prescriptions were considered. The monthly audits had shown a sustained improvement. They had been completed for a nine month period and evidence had shown a 20% reduction in patients who failed to attend for reviews (from 32% to 11% over this period). The practice planned to continue with monthly audits as they felt this had provided them with the assurance that the monitoring was effective.