

# Dr Butler & Partners

## Quality Report

Deal Tree Health 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 |  |
| Are services effective?         | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

On 17 February 2016 we carried out a comprehensive inspection at Dr Butler and Partners. The practice was rated as requires improvement overall. The practice was rated as requires improvement for safe and effective and good for caring, responsive and well led.

The practice were issued with a requirement notice for improvement for medicine management. As the practice pharmacy team were unable to demonstrate they had the competence, skills and experience to undertake their roles. Patient alerts had not been appropriately actioned and patient records reviewed to ensure safe prescribing practices and medicines reviews were not conducted in accordance with national guidance.

We also recommended the practice;

- maintained cleaning records to demonstrate when, where and how rooms had last been cleaned. Where improvements have been identified provide an audit trail to reflect they have been actioned.
- Recorded written patient consent for surgical procedures.

- Ensured staff receive training on infection and prevention control.

As a result of this inspection the practice sent us an action plan outlining the steps they had taken to improve.

We then carried out an announced follow up inspection at Dr Butler and Partners also referred to as Deal Tree Health Centre, on 3 June 2016 to check that the improvements had been made. We found that the practice had made the necessary improvements. Overall the practice is rated as good.

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

- The practice had introduced a medicine management lead GP who oversaw the actioning and review of medicine alerts to ensure safe prescribing.
- The medicine management lead GP had protected time allocated to be accessible to the dispensing team and undertake training and supervision.
- The dispensary staff had undertaken update training in accurate dispensing or the management of control drugs.
- The practice were members of the Dispensary Doctors Association and were surveying their patients to obtain their views and experience of their dispensary.

# Summary of findings

- The practice maintained cleaning records to demonstrate when, where and how rooms had last been cleaned. Where improvements had been identified they provided an audit trail to reflect they have been actioned.
- Written patient consent was obtained for procedures such as surgical procedures and muscle injection.
- Staff were scheduled to attend infection prevention control training in June. This was promoting awareness for hand hygiene, how to manage body spillage, safe disposal of clinical items.
- Staff reported a more transparent and supportive culture following the last inspection. Where their

expertise was acknowledged and being utilised such as delivering inhouse training in infection prevention control and medicine management updates in chronic diseases.

However there was an area of practice where the provider should make improvements:

- Ensure the quality of the dispensary service through audit of the dispensing process and review of near misses and significant incidents.

**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.

- The practice had introduced a medicine management lead GP who oversaw the actioning and review of medicine alerts to ensure safe prescribing.
- The practice maintained cleaning records to demonstrate when, where and how rooms had last been cleaned. Where improvements had been identified they provided an audit trail to reflect they have been actioned.
- Staff were scheduled to attend infection prevention control training in June. This was promoting awareness for hand hygiene, how to manage body spillage, safe disposal of clinical items.
- The practice were not able to assure the quality of the dispensary service through audit of the dispensing process and review of near misses and significant incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The medicine management lead GP had protected time allocated to be accessible to the dispensing team and undertake training and supervision.
- The dispensary staff had undertaken update training in accurate dispensing or the management of control drugs.
- The practice were members of the Dispensary Doctors Association and were surveying their patients to obtain their views and experience of their dispensary.
- Written patient consent was obtained for procedures such as surgical procedures and muscle injection.
- Staff were scheduled to attend infection prevention control training in June. This was promoting awareness for hand hygiene, how to manage body spillage, safe disposal of clinical items.
- Staff reported a more transparent and supportive culture following the last inspection. Where their expertise was acknowledged and being utilised such as delivering inhouse training in infection prevention control and medicine management updates in chronic diseases.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure the quality of the dispensary service through audit of the dispensing process and review of near misses and significant incidents.

# Dr Butler & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a member of the CQC medicines team.

## Background to Dr Butler & Partners

Dr Butlers and Partners is also known as Deal Tree Health Centre (previously known as Doddinghurst Surgery). The practice is housed in new, modern, purpose-built GP surgery located in a semi-rural position with extensive onsite parking. Deal Tree Health Centre is a dispensing practice employing qualified dispensers as well as being a training practice employing GP Registrars.

The practice has four GP partners, one salaried and two Registrars (two female and five male doctors). GP registrars are fully qualified and registered doctors. They were supported by two nurse practitioners, three practice nurses, dispensary staff and an administrative team overseen by the practice manager. They are currently recruiting a GP partner and a healthcare assistant.

They have approximately 9248 registered patients. Their patient population is more highly represented amongst the over 65 year olds and over 75 year olds with lower than the local and national averages for patients four years and younger. Their patient population has low deprivation levels amongst both children and older people and low levels of unemployment. The patient life expectancy is above the CCG and national averages for both male and female.

The practice and the dispensary are open between 8.30am to 1pm and 2pm to 6.30 Monday to Thursday. On Friday the practice is open from 8.30am to 1pm and 2pm to 6pm. Appointments are from 9am to 12.30 and 2pm to 6.30pm (6pm on a Friday). Extended surgery hours are offered on a Saturday morning, when the surgery is open from 8.45am to 11am, appointments are available from 9am. The dispensary is also open on a Saturday morning at the same times. Saturday appointments are pre-bookable.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice provides a range of services including, minor surgery, nurse run clinics (asthma, diabetes, heart disease and hypertension), contraception services, child health surveillance travel vaccinations, antenatal and postnatal care.

The practice has a comprehensive website detailing opening and appointment times. There is health information including signposting to support and specialist services.

## Why we carried out this inspection

We inspected this service as a follow up inspection to check the provider is 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.

# Detailed findings

## How we carried out this inspection

We carried out an announced visit on 3 June 2016. During our visit we:

- Spoke with a range of staff (the practice manager, the medicines management lead GP, dispensing staff, practice nurse) and spoke with patients who used the service.

- Reviewed an anonymised sample of the personal care or treatment records of patients.

We revisited the following two questions:

- Is it safe?
- Is it effective?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

During our earlier inspection we examined how the practice managed patient safety alerts. These were received by the practice manager. They were then shared with the practice team by email. We were told searches were conducted of the patient records where appropriate to identify patients who may be adversely affected and their clinical needs reviewed. However, we found this response was not consistently employed for actioning all alerts. This resulted in some patients not receiving appropriate medication reviews.

The practice acknowledged our findings and the potential risks for patient care. We found they had appointed a lead GP to oversee the management of medicines by the practice including the dispensary. The GP lead told us how they conduct regular searches on their patient records to identify patients who may have been prescribed the medicines including those by an external service (e.g. the patients previous GP service or specialist consultant). The practice had written to all patients who were identified as requiring a medicines review and had invited them to attend the practice to ensure appropriate and safe prescribing. Now all patients alerts are shared amongst the whole clinical team (including the practice nurses) and the clinicians are required to provide written assurance that they have read and appropriately actioned them. These are overseen by the practice manager who follows up with clinicians if they fail to respond. We saw that this was an established and regularly monitored procedure.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. The premises were visibly

clean and tidy. The practice showed us how they had revised their cleaning systems to ensure their records reflected individual cleaning undertaken of each room weekly and monthly.

- We were told that whenever a repeat medicine reached its reauthorisation date that it was reviewed by the patient's usual doctor prior to issuing a prescription. During our previous inspection we had found medication review systems were not robust. Since our last inspection the practice had revised their processes for monitoring patients on high risk medicines and conducted sufficient checks prior to the reauthorisation. We spoke to both clinical and dispensing staff who confirmed their understanding of the procedure.
- The dispensary had standard operating procedures in place, prepared by the appointed medicine management lead GP. They had been reviewed and endorsed by the dispensing staff to show they had read and understood them.
- We asked staff how they documented, examined and learnt from near misses and/or significant incidents. They told us they recorded some occurrences, however they were not consistently recorded and the processes were not sufficiently established to identify and promote learning.
- We checked the practice management of controlled drugs. They had revised their procedures and staff told us they understood and knew how to ensure the safe and appropriate disposal of them. The practice introduced a monthly stock check for their controlled drugs in May 2016. However, this requirement was not stipulated in their standard operating procedures so we could not be sure it was carried out regularly as required by national guidance. This process needs to be embedded.
- The practice had a process in place to store prescription stationery securely and to monitor the use of prescription pads. The process needs to be widened to include computer prescription forms which were not tracked through the practice in line with national guidance.
- There was no evidence of dispensary audits having been conducted to ensure safe dispensing.

# Are services effective?

(for example, treatment is effective)

## Our findings

During our earlier inspection improvements were required in relation to the practices training of their dispensary team. A recommendation was also made for the practice to introduce written consent for surgical procedures. The practice actively addressed these issues and were able to demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.

We revisited the training, support and supervision provided to the dispensary team. We found the four dispensing staff had attended external training for the management of controlled medicines or their accuracy in dispensing. The practice had conducted competency assessments on two of the four staff and additional training modules were being identified. The medicine management lead GP had

protected time to support and supervise the dispensing team. The practice told us that dispensing staff should have protected time to learn but acknowledged that no individual dispensary team meetings had been conducted and no supervision entries recorded within their dispensary team personnel or training files. We saw these had been scheduled for the next couple of months.

Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice had introduced consent forms such as for surgical procedures and joint injections. No such interventions had been conducted since our last inspection to warrant the completion of the forms. However, all staff who undertook such procedures had been made aware of the templates which were generated on the patient record for completion prior to the procedure.