

# Drs Nodder Morgan & Taubman

## Quality Report

Sixpenny Handley and Chalke Valley Practice  
The Surgery  
Salisbury  
SP5 5PA  
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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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focussed follow up inspection at Drs Nodder Morgan and Taubman on 8 March 2017. This inspection was to follow up on action taken after we inspected on 17 September 2015. At the inspection on 17 September 2015 the overall rating for the practice was good but we rated the safe domain as requires improvement. The full comprehensive report on the September 2015 inspection can be found by selecting the 'all reports' link for Drs Nodder Morgan and Taubman on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on Wednesday 8 March 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 17 September 2015. This report covers our findings in relation to the requirement and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings from this inspection were as follows:

- Failsafe recruitment processes had been introduced to ensure pre-employment references were obtained and risk assessments introduced for staff assessed as not requiring a disclosure and barring service (DBS) pre-employment checks.
- Medicines in the practice and dispensary continued to be managed well and had been further improved in relation to the ordering of controlled drugs.
- The management of significant events at the practice continued to be managed well and trends had been identified which showed positive outcomes regarding the care of patients who were at the end of life.
- Adult safeguarding policies had been improved immediately following the last inspection and were now based on current practice guidelines set by the Wessex area team.
- The procedure for the insertion of intrauterine coils had been amended to align with practice guidance set out by the Royal College of Obstetricians and Gynaecologists.

# Summary of findings

- The infection and prevention and control processes and environmental health and safety risk assessments continued to be managed well.
- Systems were in place to maintain and monitor equipment in the practice was well managed.
- Arrangements were in place to monitor staffing numbers and skill mix and included the introduction of locality carers to provide care for end of life and vulnerable patients.
- Effective arrangements were in place to manage emergencies and incidents.

We saw one outstanding aspect of care:

The practice had been recognised by healthcare professionals and members of the local community for providing a high standard of care and treatment for end of life care. The GPs worked effectively with the district nursing teams to provide continuity of care and prompt symptom relief for patients at the end of their life in the rural community. The practice had received positive

feedback from palliative care hospital consultants and many letters of thanks from patients' relatives. The GPs reviewed end of life care as positive significant events which had identified effective team work, prompt pain relief and respecting patient's wishes of where they chose to die. The practice had employed locality carers to help with the social needs of these patients and the lead GP for palliative care shared their personal mobile telephone number with district nurses and patient's relatives so continuity of care could be provided in addition to the out of hours service provider. The practice sent relatives letters of the anniversary of the patients death and practice staff often attended patient funerals. Records for the use of locality carers showed that these staff had made 97 visits saving the Clinical Commissioning Group (CCG) £5,400 over a six month period.

**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.

Since the last inspection in September 2015 there had been improvements in the arrangements in how risks were assessed and managed. Issues from the last inspection included; insufficient staff recruitment checks, controlled drug ordering processes, review of adult safeguarding policy and not following guidance set out by the Royal College of Obstetricians and Gynaecologists when inserting intrauterine coils.

An action plan was sent to CQC explaining how these issues would be resolved. At this inspection in March 2017 we found evidence that improvements had been introduced promptly after the September 2015 inspection.





On this inspection we found:

- Failsafe recruitment processes had been introduced to ensure pre-employment references were obtained and risk assessments introduced for staff assessed as not requiring a disclosure and barring service (DBS) pre-employment checks.
- Medicines in the practice and dispensary continued to be managed well and had been further improved in relation to ordering controlled drugs.
- The management of significant events at the practice continued to be managed well and trends had been identified which showed positive outcomes regarding patients who were at the end of life.
- Adult safeguarding policies had been improved immediately following the last inspection and were based on current practice guidelines set by the Wessex area team.
- The procedure for the insertion of intrauterine coils had been amended to align with practice guidance set out by the Royal College of Obstetricians and Gynaecologists.
- The infection and prevention and control processes and environmental health and safety risk assessments continued to be managed well.
- Systems were in place to maintain and monitor equipment in the practice was well managed.
- Arrangements were in place to monitor staffing numbers and skill mix and included the introduction of locality carers to provide care for end of life and vulnerable patients.
- Effective arrangements were in place to manage emergencies and incidents.

Good



# Summary of findings

<b>Are services effective?</b> The practice was rated as good for providing effective services at our inspection in September 2015. We did not inspect this domain on this visit.	<b>Good</b> 
<b>Are services caring?</b> The practice was rated as good for providing caring services at our inspection in September 2015. We did not inspect this domain on this visit.	<b>Good</b> 
<b>Are services responsive to people's needs?</b> The practice was rated as good for providing responsive services at our inspection in September 2015. We did not inspect this domain on this visit.	<b>Good</b> 
<b>Are services well-led?</b> The practice was rated as good for providing well led services at our inspection in September 2015. We did not inspect this domain on this visit.	<b>Good</b> 

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety identified at our inspection on 17 September 2015 which applied to everyone using this practice, including this population group. The population group ratings have not been changed and remain good.

Good



### People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 17 September 2015 which applied to everyone using this practice, including this population group. The population group ratings have not been changed and remain good.

Good



### Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 17 September 2015 which applied to everyone using this practice, including this population group. The population group ratings have not been changed and remain good.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 17 September 2015 which applied to everyone using this practice, including this population group. The population group ratings have not been changed and remain good.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 17 September 2015 which applied to everyone using this practice, including this population group. The population group ratings have not been changed and remain good.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 17 September 2015 which applied to everyone using this practice, including this population group. The population group ratings have not been changed and remain good.

Good



# Summary of findings

## What people who use the service say

We did not speak with patients on this visit.

## Outstanding practice

The practice had been recognised by healthcare professionals and members of the local community for providing a high standard of care and treatment for end of life care. The GPs worked effectively with the district nursing teams to provide continuity of care and prompt symptom relief for patients at the end of their life in the rural community. The practice had received positive feedback from palliative care hospital consultants and many letters of thanks from patients' relatives. The GPs reviewed end of life care as positive significant events

which had identified effective team work, prompt pain relief and respecting patient's wishes of where they chose to die. The practice had employed locality carers to help with the social needs of these patients and the lead GP for palliative care shared their personal mobile telephone number with district nurses and patient's relatives so continuity of care could be provided in addition to the out of hours service provider. The practice sent relatives letters of the anniversary of the patients death and practice staff often attended patient funerals.

# Drs Nodder Morgan & Taubman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a CQC inspector.

## Background to Drs Nodder Morgan & Taubman

Drs Nodder Morgan and Taubman is a GP practice which is based in two locations collectively known as Sixpenny Handley and Broad Chalke Practice. The main location is based at Sixpenny Handley, which is situated in Dorset. The branch location Chalke Valley Practice is based in Wiltshire. The practice area covers parts of Wiltshire, Dorset and Hampshire and covers approximately 200 square miles.

The practice is commissioned by Wiltshire clinical commissioning group (CCG) and there are arrangements in place for funding from Hampshire and Dorset CCG. The practice is part of the Wessex area team.

Drs Nodder Morgan and Taubman provide a personal medical service to approximately 4500 patients. The practice is a dispensing practice and they dispense to all patients within their practice area, due to its rural location. The 2011 census data showed that the majority of the local population identified themselves as being White British. The mix of patient's gender (male/female) is almost equal at 51% female and 49% male. Public health data showed that 3.8% of the patients are aged over 85 years old which

is higher than the local average (CCG) of 2.9% and higher than the national average of 2.3%. Levels of deprivation are recorded at 8 out of 10. One being more deprived and 10 being less deprived.

There are three GP partners (two female and one male), one GP assistant, one GP registrar, four part time practice nurses and four healthcare assistants. The clinical team are supported by a team of four dispensers and seven receptionists. The practice also employ locality carers to visit and support end of life and vulnerable patients and employ its own cleaning team of two cleaners. At the time of inspection the GP partners were in the process of recruiting a practice manager. All staff work across both sites.

The practice is a training practice for doctors who wish to become GPs and undergraduate and postgraduate medical students.

The practice at Sixpenny Handley is open from 8am until 1pm Monday to Friday and from 2pm until 6.15pm on Monday, Wednesday, Thursday and Fridays. Calls on Tuesday afternoon are diverted to Broad Chalke surgery. Broad Chalke surgery is open between 8am and 1pm on Monday, Tuesday, Thursday and Friday. Calls are diverted to Sixpenny Handley on Wednesday mornings. Broad Chalke surgery was open between 2pm until 6.15pm on Tuesday, 2pm until 5.30 on Thursday and 2pm until 6pm on Friday. All other times calls are taken at Sixpenny Handley. Extended hours pre-bookable appointments with the GPs and nurses are available on Monday evenings from 6.30pm until 8.30pm.



# Detailed findings

The practice operates a telephone triage duty system so patients can be seen on the same day if needed. Out of hours patients are advised to contact the out of hours service provider via the NHS 111 service.

We inspected the main location at:

## **Sixpenny Handley Surgery**

The Surgery, Dean Lane, Sixpenny Handley, Salisbury, SP5 5PA

The branch location is situated at:

## **Broad Chalke Surgery**

The Surgery, Doves Meadow, Broad Chalke, Salisbury, SP5 5EL

## Why we carried out this inspection

We undertook this follow up focused inspection of Drs Nodder Morgan and Taubman on Wednesday 8 March 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 a legal requirement following an inspection in September 2015.

The comprehensive inspection of Drs Nodder Morgan and Taubman was performed on 17 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as overall good with requires improvement in the safe domain at the inspection in September 2015. The full comprehensive report following the inspection on 17 September 2015 can be found by selecting the 'all reports' link for Drs Nodder Morgan and Taubman on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

During our visit we:

- Spoke with the lead GP and a GP partner.
- Looked at information, records and systems the practice used to deliver care and manage the service. We also looked at how emergency medicines and how controlled drugs were managed.

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

At our previous inspection on 17 September 2015, we rated the practice as requires improvement for providing safe services. We found there were inconsistent arrangements in how risks were assessed and managed. For example, incomplete staff recruitment checks, the controlled drug ordering processes, incomplete safeguarding policy and not following guidance set out by the Royal College of Obstetricians and Gynaecologists when inserting intrauterine coils.

The provider had sent an action plan immediately after the inspection describing how improvements would be made. At this inspection in March 2017 we saw evidence to show these improvements had been made shortly after the inspection in September 2015.

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

### Safe track record and learning

Significant events continued to be managed well. Each event was investigated promptly, recorded in a register and discussed at significant event meetings. Records showed learning had taken place and shared with staff as part of a rolling clinical meeting agenda. For example, an emergency with a child had highlighted a delay in getting oxygen tubing in a timely manner. The equipment was located within the practice, no harm came to the patient but had prompted the purchase of additional equipment which was now stored in the emergency equipment bag.

An analysis was performed of significant events each year. This had identified a trend of positive events regarding the care and treatment provided by practice staff to end of life patients. For example, there had been seven significant events recorded in the last year. Four of these related to positive outcomes regarding end of life care. The GPs had received feedback and thank you letters from relatives and hospital consultants in palliative medicine. Records of 'what went well' on two of these significant events included comments about excellent team work and ensuring patients were able to receive pain relief promptly in the rural community and were able to die peacefully at home with support from the GPs and district nursing team.

### Overview of safety systems and process

The practice continued to have clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

Arrangements continued to be in place to safeguard adults and children from harm. The adult safeguarding policy had been updated in September 2015 to reflect the new regulations of the Health and Social Care Act 2012. This policy had been kept under review. The children's policy had a flowchart of actions staff were expected to take if they considered a child was at risk. This was in line with best practice. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three and nurses to level two.

A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professionals during a medical examination or procedure. All staff responsible for acting as a chaperone had appropriate checks performed through the Disclosure and Barring Service (DBS).

Recruitment processes had improved since the last inspection in September 2015. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Since the last inspection in September 2015 recruitment records had been improved to show that appropriate pre-employment checks had been carried out. We looked at three new staff files including a locality carer. All of the files had all the required checks. For example, proof of identification, evidence in the form of references of satisfactory conduct in previous employment, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice had revised the disclosure and barring service (DBS) process by reviewing the DBS policy in line with guidance from the local medical council (LMC). The practice now had a DBS register which was securely stored. The register included all staff. We saw this register and saw all staff had either a DBS recorded or a risk assessment performed. The practice were in the process of updating

## Are services safe?

the policy to include how often it would be expected to repeat DBS checks but noted that staff were expected to notify the partners if they were subject to any caution or conviction.

### Medicines management

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice continued to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice continued to carry out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

The management of controlled drugs continued to be managed well. Improvements had been introduced since the last inspection for how GPs ordered controlled drugs. Forms were now managed in accordance with Misuse of Drugs Act 1971 and its associated regulations.

The practice offered a full range of primary medical services and was able to provide pharmaceutical services to all patients on the practice list. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. The latest report for this scheme had been sent in February 2017. Dispensing staff had all completed appropriate training and had their competency annually reviewed. The practice used an electronic scanner to monitor the transit of medicines through the practice to the patient. Since this system was introduced three years ago, there had been no reported incidents of the incorrect medicines being dispensed.

### Monitoring risks to patients

At our last inspection in September 2015 we found there were inconsistent processes in place when patients were having intrauterine coils inserted. At the September 2015 inspection staff said an assistant was not routinely present

during the procedure. The lead GP explained that an assistant was now present in line with current practice guidance as set out in the Royal College of Obstetricians and Gynaecologists clinical guidance.

The practice continued to maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.

There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last audit had taken place in May 2016 and had resulted in updating the spillage kits. We saw evidence that this had been done and staff informed of the changes.

Since the last inspection the fire risk assessment had been carried out in December 2016. This had identified that smoke detectors were not being checked consistently. We saw evidence that this was now being done. A Fire and Rescue service inspection had been performed since our last inspection in November 2016. This had not identified any action for the practice to take. Fire drills were performed on a regular basis with the last one being performed last week.

At the last inspection in September 2015 it was noted that a new hot water and heating boiler had been installed in May 2014, but an annual service was overdue. At this inspection in March 2017 we saw records to show this had last been serviced in October 2016. We saw that medical equipment was tested on an annual basis and had last been inspected in April 2016.

We saw that arrangements continued to be in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GPs recruited and employed locality carers to meet the unmet needs of end of life and vulnerable patients in the rural communities where the practices were situated. Records showed that these staff worked on an adhoc basis and had made 97 visits. Records were provided for the first six months of the scheme. These showed as a result of the locality carers being employed seven hospital admissions and three

## Are services safe?

social care admissions had been avoided and two hospital readmissions had been prevented. This had saved the Clinical Commissioning Group (CCG) £5,400 over a six month period.

### **Arrangements to deal with emergencies and major incidents**

The practice continued to have arrangements in place to manage emergencies. Records showed that all staff had received training updates in basic life support since the last inspection. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). Since the last inspection in September 2015 the emergency equipment had been reviewed in response to a significant event.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. One of the GPs was

in the process of reviewing the policy followed to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice had made a decision not to store a specific antibiotic for treatment of suspected meningitis in the emergency medicine bag. However, we saw the GPs were able to access supplies from the dispensary quickly if needed.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

# Are services effective?

(for example, treatment is effective)

## Our findings

We did not inspect this domain on this visit.

At our previous inspection on 17 September 2015, we rated the practice as being good for providing effective services.

## Are services caring?

### Our findings

We did not inspect this domain on this visit.

At our previous inspection on 17 September 2015, we rated the practice as being good for providing caring services.

# Are services responsive to people's needs? (for example, to feedback?)

## Our findings

We did not inspect this domain on this visit.

At our previous inspection on 17 September 2015, we rated the practice as being good for providing responsive services.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

We did not inspect this domain on this visit.

At our previous inspection on 17 September 2015, we rated the practice as being good for providing well led services.