
CQC Special Newsletter

for the patients of The Roseland Surgeries

Our CQC Inspection!!

This is a special 'one off' newsletter looking specifically at the inspection we had from members of the Care Quality Commission. Many of you will know that nursing homes, hospitals, doctors' surgeries etc are the subject of these inspections to ensure we are offering a quality service to our patients.

Ahead of the inspection day, we had to provide written evidence of how we do certain things. For example, what are our policies on safeguarding children and vulnerable adults? How do we deal with dispensing controlled medication? What training opportunities are provided to our staff?? (The list is fairly endless!) This information is provided initially to the team of inspectors by email and then also in paper format on the day.

Here, the inspectors are looking to check our processes and ensuring that we are following national guidelines wherever appropriate.

On the day of the inspection in February this year, four inspectors attended the surgery premises: The Chief Inspector of the team, a GP Inspector, a Nurse Inspector and a Pharmacy Inspector – each inspector aiming to spend a vast proportion of the day with the relevant team member.

On their prompt arrival at 08.30 am, we commenced our meeting with a presentation from the partners on everything that this practice provides for our patients together with details regarding our practice population (age range, practice area etc) and the make up of the team itself. This included all of our in-house staff together with details of allied health professionals who see patients for us in one or all of our surgery buildings. After this presentation, the group divided and inspectors met up with individual team members to talk through their various specific areas.

I, as Practice Manager, was asked for details of training, recruitment policies, induction programmes for staff. I was also asked how we deal with patient complaints, examples of significant events etc. GPs and nurses were



inspected with regard to clinical training, how they kept abreast of new guidance from on high. The pharmacy inspector had an

indepth conversation with our Dispensary Manager about the procedures and protocols for dispensing medication – how it all worked from start to finish and how we dealt with 'controlled' medication.

All in all, although the day was long and very intense, we all felt that the day had gone well and in fact, were very surprised that the inspectors finished early and were ready to present their findings back to us by 3 pm (it is not unheard of for this feedback to be given to surgery staff at 6 pm or even later!)

We were led to believe that the inspection was a good one and we were to expect our report within a couple of weeks. The surgery would be rated in each individual area with an overall rating. These ratings are – Outstanding, Good, Requires Improvement, Inadequate (and an inadequate rating takes a surgery into what's called 'special measures' where work has to be undertaken within 6 months to improve that surgery).

The draft report duly arrived some 6 weeks after the inspection. There were some factual inaccuracies which we were asked to correct – this is normal as the report is typed up from handwritten notes on the day. Unfortunately, as the new report arrived, some of the inaccuracies remained within the body of the report. There are two statements that are not quite correct:-

The first relates to work that the Patient Group has done in fundraising for the defibrillator project around the Roseland. The summary says that the group were asked by the Practice to raise these funds – this is incorrect. It has been altered in the body of the report however.

The second statement relates to the way in which we handle our prescription paper. There are two elements to this: the pre-printed prescription pads which doctors can use to handwrite medicines on, and the blank prescription paper that sits in the printers in the consulting rooms. The pre-printed pads are stored in a locked safe, in a locked room and are tracked in and out of the building as they are handed to GPs to use (and this is very infrequently). The blank prescription paper is tracked into the building and stored in a locked room, though not in a locked safe. This paper is not tracked out of the locked room into the consulting room.

Thus, we received an 'Action' to be undertaken by the CQC inspector in order to address that we do not track blank paper out of the locked room. Our rating for Patient Safety (which this particular area is linked to) came back as 'Requires Improvement' and we feel is unfair.

The report does not mention the use of a locked safe, or a locked room. It also does not mention that Lynn, the Dispensary Manager and I put a system into place while the inspection team were still on site. I have compared our practice to a number of other surgeries, and I have found that there are many others who have the same systems in place as we do, yet it did not impact on their rating.

Although our overall rating for the surgery is 'Good' we feel that the rating of 'Requires Improvement' for Patient Safety is unfair, as it may lead patients to be concerned about their actual safety – when in fact, this specific issue is regarding the tracking of blank prescriptions out of a locked room!

I would be more than happy to speak to patients in more detail should they wish to find out more about this process. Please do let me know if you would like further information.

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