

Mitcheldean 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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We last carried out a comprehensive inspection of Mitcheldean Surgery on 14 January 2015. At that inspection the practice was found to be requiring improvement for medicines management which falls within the safe domain. The report was published on 11 June 2015. This inspection undertaken on 5 August 2015 was specifically to follow up on the findings from our last inspection in January 2015.

Action had been taken by the provider and we found the practice was now meeting the relevant regulations and was now rated as good for medicines management with the overall rating for the safe domain being good. All population groups remained good, the same as at the previous inspection.

Our key findings were as follows:

- There were arrangements in place to deal with medical emergencies appropriately and changes had been made to ensure emergency medicines were held securely and monitored at regular intervals this included equipment used in an emergency.

- There were arrangements in place to ensure that the potential risk of spread of infection was reduced through management of infection control. This included the completion of regular infection control audits.

We saw one area of outstanding practice including:

- The practice was proactive in understanding the need of patients with a learning disability and delivered their care in a way that met their needs and promoted equality. For example, they had increased accessibility to the practice to meet patient's individual needs, such as patients having the first appointment of the day and the practice accommodated patients to wait where they wished and felt most comfortable. To increase patient's involvement and understanding in their treatment decisions the practice had produced easy read guidance for patients on cervical smears and smoking cessation. Feedback from learning disability homes within the local area was very positive about the practice 'can do' attitude, especially in seeing patients at home promptly. Some patients had moved to this practice following recommendations from others using the service. Patients felt comfortable

Summary of findings

within the practice environment and had used the practice facilities for some time to hold local support group meetings for patients with a diagnosis of Asperger's syndrome.

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 our last inspection there have been improvements in this area. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed including improvements made since our last inspection to improve infection control and medicines management.

Good



Summary of findings

Outstanding practice

- The practice was proactive in understanding the need of patients with a learning disability and delivered their care in a way that met their needs and promoted equality. For example, they had increased accessibility to the practice to meet patient's individual needs, such as patients having the first appointment of the day and the practice accommodated patients to wait where they wished and felt most comfortable. To increase patient's involvement and understanding in their treatment decisions the practice had produced easy read guidance for patients on cervical smears and

smoking cessation. Feedback from learning disability homes within the local area was very positive about the practice 'can do' attitude, especially in seeing patients at home promptly. Some patients had moved to this practice following recommendations from others using the service. Patients felt comfortable within the practice environment and had used the practice facilities for some time to hold local support group meetings for patients with a diagnosis of Asperger's syndrome.

Mitcheldean Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a CQC pharmacist.

Background to Mitcheldean Surgery

We inspected the location of Mitcheldean Surgery, Brook Street, Gloucestershire, GL17 0AU, where all registered regulated activities were carried out. This inspection was undertaken to follow up on the breach of regulation found at our previous comprehensive inspection undertaken on 15 January 2015.

The practice serves approximately 6,125 patients and sees patients who live in the Forest of Dean and the surrounding areas. The national general practice profile shows the practice has a significantly higher population of patients aged between the ages of 65 and 69 years old approximately 8% higher than the England average. They are also just above the national and local averages for 69 years and older. Levels of deprivation within the population served by the practice were lower than national average. The practice can dispense medicines to patients who live over a mile from the practice. They dispense approximately 5000 medicines a month to patients.

Additional services are provided from the practice premises including NHS ultrasound service, pain clinic, primary mental health clinics, speech and language therapy and midwifery and health visitors' sessions. Patients can also access physiotherapy and chiropody privately within the practice. District nurses are permanently based in the practice.

There were three GP partners; two male and one female. There were three female members of the nursing team which consisted of two practice nurses and one health care assistant.

The practice has been a registered GP training practice for four years with one qualified GP trainer. The practice provides training to one GP registrar per year.

The practice had a General Medical Service contract with NHS England.

Appointments were available from 8:30am to 6pm from Monday to Thursday and on Friday the practice closed at 5:30pm. Gloucester Access Centre was available for patient use when the practice was not open from 8am to 8pm seven days a week and outside of these hours patients were informed to use the NHS 111 service.

The practice had patients registered in four nursing homes, two residential care homes for older people and eight residential care homes for adults with learning disabilities.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether 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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient's needs?
- Is it well-led?

On this inspection we reviewed sections within the safe domain that required improvements.

We did not carry any additional review of the population groups. The population groups are:

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients with a form of dementia)

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 5 August 2015.

Are services safe?

Our findings

Medicines management

We found a number of improvements had been made to medicines management since the last inspection in January. Previously we found there were a number of areas around security that required improvement. The dispensary and reception/administration area was not secured. On this inspection we found entrance doors to these areas were now secured and locks had been fitted. Previously we found some emergency medicines and equipment were kept in an unsecure area of the practice. These items had now been moved to one secure area of the practice. GPs home visit bags were now lockable. The practice had risk assessed where these home visit bags were held and decided that there was a minimal risk in how these were stored. One of the GP partners advised they would continue to risk assess what was held in their home visit bags to make sure only necessary items were held.

We found at the last inspection there was not a manual thermometer available in case there was a thermometer failure with the installed thermometer for the vaccine refrigerators. The practice addressed this issue and now had a manual thermometer in place as a back-up. We noted the vaccine refrigerator was not routinely locked. The practice nurse told us they would review this process to ensure vaccines were kept secure at all times.

We found at the last inspection some emergency medicines and equipment did not have records of checks in place to ensure they were safe to use. We saw records on this inspection to show checks were now in place on a weekly basis for this equipment.

The nurses at the practice used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw these had been reviewed within the last year. The health care assistant administered flu vaccines on specific occasions and used Patient Specific Directions (PSDs) that had been produced by the prescriber. We were told nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.

The practice had a dispensary and we were informed the dispensing staff were either qualified in pharmacy skills or were in the process of obtaining this qualification. For example, the dispensing manager had a level three qualification in pharmacy services, three dispensing assistants were level two qualified and one newly recruited member of staff was in the process of completing level two.

We found at the last inspection compliance aids (a device to help patients to remember when to take their medicines) were not routinely double checked by a second member of staff before they were given to the patient for use. We found there had been four incidents where errors had occurred. On this inspection we found a process had been implemented and all compliance aids were now routinely double checked to make sure they were accurate. There had been no incidents of errors reported since our last inspection. We saw the compliance aid procedure had been updated to reflect current practice.

Previously we had reported that the practice had provided a dispensing delivery service. This service had been changed since our last inspection. Medicines were no longer delivered to three community locations instead two volunteers delivered prescriptions to the patients who had agreed to have them direct to their homes. They were currently covering two of the three community locations. A third location would be covered from September by the two volunteers. We saw the delivery services policy had been updated to reflect the current procedures.

Cleanliness and infection control

We found at the last inspection no evidence of an infection control audit. We reviewed infection control procedures at this inspection. We saw a new infection control lead person had been appointed. This person had completed an infection control audit in June 2015. They informed us that they intended to complete this audit every quarter to ensure the practice was meeting infection control guidelines. We saw there was no specific action plan raised following the recent audit even though there were actions to address. Instead of an action plan an email was sent to the practice manager to confirm what was found and then they would delegate the responsibility of any actions to be addressed. The practice nurse told us they would review the process to see if an official action plan could be used to monitor changes.

Are services safe?

We saw a legionella risk assessment had been completed in January 2015 and recommendations from this had been completed, including checks of weekly hot and cold water temperatures.

Infection control was covered during staff induction and from April 2015 a new online training company were commissioned to provide this service. We were informed all staff would be completing this on an annual basis.