

# Stow Surgery

## Quality Report

Well Lane  
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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 

Are services well-led?

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 Stow Surgery on 6 June 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Stow Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 30 January 2018 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 6 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

.Overall the practice is now rated as Good.

Our key findings were as follows:

- Systems and processes had been improved to ensure the risks of infection in the practice were managed appropriately.

- Arrangements for managing medicines in the practice had been improved to minimise risks to patient safety.
- Arrangements to deal with emergencies and major incidents have been reviewed and implemented.
- Systems and processes had been reviewed and implemented to ensure staff had appropriate support, competency assessments, regular appraisal and training.
- The practice had reviewed their data in relation to patients who had been excluded from reviews and were able to provide assurance that patients were receiving appropriate reviews and monitoring.
- Systems to ensure that standard operating procedures in the dispensary were up to date and reviewed regularly had been improved.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Stow Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied by a GP specialist adviser.

### Background to Stow Surgery

Stow Surgery is a small semi-rural dispensing practice providing primary care services to patients resident in Stow-on-the-Wold and surrounding villages and is part of the NHS Gloucestershire Clinical Commissioning Group. The practice is currently going through the process of building a new surgery to improve the facilities for patients and to meet the demands of the local population.

We previously inspected this practice in November 2014 where they were rated as good overall and requires improvement for the safe key question. A focussed follow up inspection was undertaken in June 2015 where we found the practice had addressed the concerns identified at the previous comprehensive inspection in November 2014. We carried out an announced comprehensive inspection at Stow Surgery on 6 June 2017. The overall rating for the practice was requires improvement. This inspection was an announced focused inspection carried out on 30 January 2018 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 6 June 2017

The practice provides its service to approximately 5,500 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice partnership includes four GP partners whose working hours were equivalent to approximately three whole time GPs. Three GPs are female and one is male. The practice supports medical students and fully qualified doctors training to become GPs. At the time of our inspection, the practice was supporting two doctors training to become GPs. The practice employs three practice nurses, one health care assistant, one phlebotomist and two dispensers. The practice is supported by several office and administrative staff under the management of one practice manager.

The practice provides its services at the following address:

Well Lane,  
Stow-on-the-Wold,  
Gloucestershire,  
GL54 1EQ.

### Why we carried out this inspection

We undertook a comprehensive inspection on 4 November 2014 where the practice was rated as requires improvement for the safe key question and good overall. A focused follow up inspection was undertaken on the 3 June 2015 to follow up on the breaches of regulation from the November 2014 inspection and we found the practice had addressed the issues identified.

We undertook a comprehensive inspection of Stow Surgery on 6 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full

## Detailed findings

comprehensive report following the inspection on November 2014, June 2015 and June 2017 can be found by selecting the 'all reports' link for Stow Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Stow Surgery on 30 January 2018. 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 legal requirements.

# Are services safe?

## Our findings

At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing safe services as we found:

- The arrangements in respect of cleanliness and infection control were not adequate.
- Standard Operating Procedures in the dispensary had not been reviewed and controlled and medicines had not been monitored in line with current guidelines.
- Products relating to medicines management had expired, for example, water for injections in the doctor's bag and containers for the storage of blood samples had passed their expiry dates.
- Vaccines were not kept securely.
- Handwritten prescription pads were not monitored.
- Systems were in place to deal with any medicines alerts or recalls, however, these were not routinely reported to the management team to ensure actions taken were overseen by the governance team.
- There was no business continuity plan to guide the practice team in the event of a major incident.
- Fire drills had not been undertaken regularly.

These arrangements had significantly improved when we undertook a follow up inspection on 30 January 2018. The practice is now rated as good for providing safe services.

### Safety systems and processes

The practice had undertaken an infection control audit and identified actions to minimise the risk of infection in the practice. Policies and procedures relating to infection prevention and control (IPC) had been reviewed and personalised to the practice. Carpets which were stained had been replaced and there was a schedule in place for regular deep cleaning. The practice manager had oversight of when curtains around consulting areas needed to be cleaned to ensure this took place every six months. One of the nurses had been identified as the IPC lead and had received appropriate training and support for this role. All staff had received training in IPC and the management team had oversight of when audits were due and that actions for improvements were implemented.

### Risks to patients

We saw evidence that the practice had undertaken regular fire drills. They had identified learning points from those drills and implemented actions to ensure risks to patients and staff were minimised. The practice manager had oversight of the fire drill programme to ensure these were undertaken regularly.

The practice has worked with the clinical commissioning group to develop a comprehensive business continuity plan. Key members of staff had access to the plan off site.

### Safe and appropriate use of medicines

Arrangements for managing medicines in the practice had been improved to minimise risks to patient safety.

- Standard Operating Procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines) had been reviewed to ensure they were up to date.
- We saw evidence that controlled drugs were checked monthly.
- Systems had been implemented to ensure that the medicines in the doctor's bag were in date and a record of these medicines was kept including expiry dates. These were checked monthly by a member of the dispensary staff.
- Regular checks were undertaken to ensure consumables, such as blood containers were within date. All the medicines and consumable products that we checked were within their expiry date.
- Vaccines were kept securely. The fridge was kept locked and keys were stored securely.
- The practice had implemented a system to ensure handwritten prescription pads were monitored.

### Lessons learned and improvements made

The practice had improved their systems to ensure safety alerts, medicines alerts and recalls were co-ordinated and acted upon. The practice manager had oversight of these and ensured actions taken were recorded.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing effective services as we found:

- Data from the Quality and Outcomes Framework (QOF) showed there were areas where the practice had higher than average exception reporting.
- Not all staff had received an appraisal in the last 12 months.
- Not all staff had received training in information governance, health and safety, infection prevention and control, Mental Capacity Act 2005.

These arrangements had significantly improved when we undertook a follow up inspection on 30 January 2018. The practice is now rated as good for providing effective services including all population groups.

### Monitoring care and treatment

The practice had investigated the reasons for the high exception reporting data (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's computer system had automatically included patients who should have been excluded from the calculation due to, for example, being newly diagnosed, with patients who had been excepted by the practice. We were told by the practice that the computer system automatically extracted the data and they had no control over the calculations, and we saw evidence of this. We saw the practice had also been proactive in trying to resolve this issue.

The practice had reviewed the areas where we had previously highlighted that they were higher than local and national averages and were able to demonstrate that those patients had been appropriately monitored and reviewed by the practice.

Data from 2016/17 showed that overall exception reporting for the practice was 9% compared with the CCG average of 12% and national average of 10%.

- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan

documented in their record, in the preceding 12 months (04/2016 to 03/2017) was 100% compared to the CCG average of 94% and national average of 90%. Published exception reporting for this domain was 28% which included patients who were excluded from the review based on when they were diagnosed or registered. Practice level data which has not been externally verified showed the exception rate was 23% (five out of 21 patients) compared to the CCG average of 17% and national average of 13%.

- Overall exception for patients diagnosed with cancer (2016/17) net of exclusions was 39% compared to the CCG and national average of 25%. Practice level data which has not been externally verified, showed that no patients had been excepted.
- Overall exception for patients diagnosed with depression (2016/17) net of exclusions was 36% compared to the CCG average of 20% and national average of 23%. Practice level data which has not been externally verified, showed that 23% (12 out of 52 patients) had been excepted.
- Overall exception for patients diagnosed with rheumatoid arthritis (2016/17) net of exclusions was 31% compared to the CCG average of 8% and national average of 7%. Practice level data which has not been externally verified showed that 6% (2 out of 35 patients) had been excepted.

We reviewed a sample of records for patients who had been excepted, and found that the clinical management was appropriate and in line with national guidelines.

### Effective staffing

Systems and processes have been reviewed and implemented to ensure staff had appropriate support, competency assessments, regular appraisal and training. The practice had improved their recording system and the practice manager had oversight of training and appraisals.

We saw that all staff had received an appraisal in the last 12 months, and dispensary staff had received competency assessments. We reviewed training records and saw that staff had received training in information governance, health and safety, infection prevention and control, and the principles of the Mental Capacity Act 2005.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 6 June 2017, we rated the practice as requires improvement for providing well led services as we found:

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. For example, the infection prevention and control policy.
- Appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in place. For example, there were no systems in place to ensure the risks relating to infection prevention and control within the practice had been identified and mitigating actions implemented.
- Staff said they felt respected and valued, however, not all staff felt supported by the management team. Staff working in the dispensary had not regularly had their competencies assessed and not all staff had received an appraisal in the last 12 months.
- There were gaps in training for all staff.

We issued requirement notices in respect of these findings and found arrangements had significantly improved when we undertook a follow up inspection of the service on 30 January 2018. The practice is now rated as good for being well-led.

### **Governance arrangements**

We found that governance arrangements had been reviewed and actions implemented to ensure the overarching governance framework in the practice was effective and sustainable.

Systems had been reviewed to ensure the management team had oversight of key activities in the practice. For example, there was a notice board in the practice manager's office which indicated when the infection control and prevention audit was due and staff were required to provide evidence that these were completed. Policies and standard operating procedures had been reviewed to ensure they were up to date and applicable.

Systems and processes have been reviewed and implemented to ensure that staff had appropriate support, competency assessments, regular appraisal and training. The practice had improved their recording system and the practice manager had oversight of training and appraisals.