

Dr. Andrew, Edwards, Hayes & Cleary

Quality Report

Yorkley Health Centre
Yorkley
Gloucestershire
GL15 4RS

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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 

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 Dr. Andrew, Edwards, Hayes & Cleary on 18 October 2016. We found that the practice had breached a regulation relating to the safe delivery of services. The practice was rated as requires improvement for safe and good for effective, caring, responsive and well led. The overall rating for the practice was good. The full comprehensive report on the 18 October 2016 inspection can be found by selecting the 'all reports' link for Dr. Andrew, Edwards, Hayes & Cleary on our website at www.cqc.org.uk.

The practice required improvement for the provision of safe services to ensure that the risks associated with checking, maintaining and safely storing medicines had been appropriately assessed. Following the inspection the provider sent us an action plan detailing how they would improve their medicines processes to ensure that they reflected national guidelines.

This inspection was a desk-based review carried out on 10 January 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 18 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection on 18 October 2016 and they were meeting the regulation that had previously been breached.

Our key findings were as follows:

- The practice had updated their procedures and standard operating procedures (SOP) for checking and maintaining medicines and ensuring that they were stored in line with manufacturers' specifications.
- The practice had reviewed and improved their systems for checking and storing controlled drugs and had implemented new processes.
- The practice had reviewed and improved the process for making changes to patients' prescribed medicines to make sure that it followed best practice guidance.
- The practice had reviewed and improved how dispensary staff should record and analyse near misses in the dispensary (to include dispensing and prescribing near misses).

Summary of findings

- The practice ensured that there were procedures in place to cover all activities in the dispensary and now monitor adherence to procedures and quality in the dispensing service.

We have changed the rating for this practice in safe, to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

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 was rated as requires improvement for providing safe services in October 2016 and was re-rated as part of this inspection.

When we inspected the practice in October 2016 we identified a breach of regulation leading to a rating of requires improvement.

The practice had undertaken improvements since the last inspection and at this inspection we found they were complying with regulations. They are now rated good for the provision of safe services. Specifically we found:

- The practice had updated their procedures and standard operating procedures (SOP) for checking and maintaining medicines and ensuring that they were stored in line with manufacturers' specifications. The practice sourced a larger medicines fridge, updated the fridge temperature monitoring form and implemented a fridge monitoring SOP to ensure that medicines were stored in line with manufacturers' specifications.
- The practice had reviewed their systems for checking and storing controlled drugs and had implemented new processes. The practice amended their controlled drugs SOP to ensure that the controlled drug record book was completed in line with legislation and best practice.
- The practice had reviewed the process for making changes to patients' prescribed medicines to ensure it followed best practice guidance. The prescribing policy had been updated to ensure dispensers referred changes back to the GP for checking before medication was issued.
- The practice had reviewed how dispensary staff should record and analyse near misses in the dispensary (to include dispensing and prescribing near misses). The adverse incidents SOP had been updated to include the recording of picking errors and near misses and a form for recording this had been implemented.
- The practice ensured that there were procedures in place to cover all activities in the dispensary and monitor adherence to procedures and quality in the dispensing service. Standard operating procedures had been implemented for uncollected medicines and a system to monitor dispensary processes to support this had been introduced.

Good



Dr. Andrew, Edwards, Hayes & Cleary

Detailed findings

Our inspection team

Our inspection team was led by:

This desk-based review was undertaken by a CQC inspector.

Background to Dr. Andrew, Edwards, Hayes & Cleary

The practice is more commonly known as Yorkley Health Centre and has a branch site known as Bream Surgery. Yorkley Health Centre and Bream Surgery are situated in Yorkley and Bream respectively which are both based in rural areas of The Forest of Dean in Gloucestershire. The practices are based approximately three miles apart and serve the local population as one practice over two sites. Both sites are wheelchair accessible, Yorkley Health Centre has automatic doors.

The practice provides general medical services to approximately 7,760 patients who are able to be seen at either surgery. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (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 has four GP partners and one salaried GP (two female and three male) which is equivalent to four whole time equivalent GPs. The practice is supported by four

practice nurses (all female) and two health care assistants. The practice manager is supported by an assistant practice manager, a senior receptionist and an administration / receptionist team.

Both Yorkley Health Centre and Bream Surgery are dispensing practices managed by a dispensary manager who is supported by four qualified dispensers and two trainee dispensers. The practice dispenses to approximately 38% of the registered patient base.

The practice is an approved training practice for a range of professionals including GP registrars and student nurses.

The practice population for all ages is in line with local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. The prevalence of patients with a long standing health condition is 53% compared to the local CCG average of 55% and national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services. The practice has relatively low numbers of patients from different cultural backgrounds with approximately 99% of patients being white British.

Patients can be seen at either practice and they are open as follows:

Yorkley Health Centre:

8.30am to 5pm, Mondays and Wednesdays

8.30am to 6pm, Tuesdays, Thursdays and Fridays

Bream Surgery:

8.30am to 6pm, Mondays

Detailed findings

8.30am to 12pm, Tuesdays, Thursdays and Fridays

1.30pm to 6pm, Wednesdays

Between the hours of 8am to 8.30am and 6pm to 6.30pm every weekday telephone calls are taken by the practice who will contact the onsite duty doctor to treat any medical emergencies. Appointments are available between 8.45am and 12pm every morning and 3pm to 6pm every afternoon. Extended surgery hours are also offered at Bream Surgery most Thursdays from 6.45am to 8am and at Yorkley Health Centre most Thursdays from 6.30pm to 9.30pm.

Out of hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice is registered to provide services from the following addresses:

Yorkley Health Centre

Bailey Hill

Yorkley

Gloucestershire

GL15 4RS

Bream Surgery

Beech Way

Bream

Gloucestershire

GL15 6NB

Why we carried out this inspection

We undertook a comprehensive inspection of Dr. Andrew, Edwards, Hayes & Cleary on 18 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our

regulatory functions. The practice was rated as requires improvement for safe and good for effective, caring, responsive and well led. The overall rating for the practice was good. The full comprehensive report following the inspection on 18 October 2017 can be found by selecting the 'all reports' link for Dr. Andrew, Edwards, Hayes & Cleary on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Dr. Andrew, Edwards, Hayes & Cleary on 10 January 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 legal requirements.

How we carried out this inspection

We did not revisit Dr. Andrew, Edwards, Hayes & Cleary as part of this inspection because the practice was able to demonstrate compliance without the need for a visit. We reviewed the following information given to us by the practice:

- A detailed action plan.
- Photographic evidence of a larger fridge and updated fridge temperature monitoring forms.
- Updated standard operating procedures (SOP) for receiving stock, controlled drugs and adverse incidents.
- New SOPs for fridge monitoring, uncollected medicines and monitoring dispensary processes.
- An updated prescribing policy.
- A new picking errors and near miss form.

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

Overview of safety systems and processes

When we visited the practice on 18 October 2016 we found the practice had breached a regulation for the provision of safe services by failing to ensure that the risks associated with checking, maintaining and safely storing medicines had been appropriately assessed. We found that the fridge temperature records since March 2016 showed maximum and minimum temperatures outside of the recommended temperature range (2-8°C). Staff said that no action had been taken. The fridge was over-stocked which meant the refrigerator could not work effectively. This was found to have breached regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following publication of our inspection report the practice told us in their action plan how they would address the areas identified and provided evidence of the following improvements that had been made:

- The practice had updated their procedures and standard operating procedures (SOP) for checking and maintaining medicines and ensuring that they were stored in line with manufacturers' specifications. The practice sourced a larger medicines fridge, updated the fridge temperature monitoring form and implemented a fridge monitoring SOP to ensure that medicines were stored in line with manufacturers' specifications.
- The practice had reviewed their systems for checking and storing controlled drugs and had implemented new

processes. The practice amended their controlled drugs SOP to ensure that the controlled drug record book was completed in line with legislation and best practice. The SOP stated that a separate line must be completed for each stock check, stock checks were to be carried out every two weeks and the allocated staff member must alert the dispensary manager and/or practice manager if the controlled drug stock check is unable to be carried out on the assigned date.

- The practice had reviewed the process for making changes to patients' prescribed medicines to make sure that it followed best practice guidance. The prescribing policy had been updated to ensure dispensers refer changes back to the GP for checking before medication is issued.
- The practice had reviewed how dispensary staff should record and analyse near misses in the dispensary (to include dispensing and prescribing near misses). The adverse incidents SOP had been updated to include the recording of picking errors and near misses and a form for recording this had been implemented.
- The practice ensured that there were procedures in place to cover all activities in the dispensary and now monitor adherence to procedures and quality in the dispensing service. A SOP had been implemented for uncollected medicines and monitoring dispensary processes to support this.

All of the above actions had ensured that Dr. Andrew, Edwards, Hayes & Cleary was operating with safe systems in place.