

# The Writtle 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

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 The Writtle Surgery on 18 January 2017. The overall rating for the practice was good. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The Writtle Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

However, we rated the practice as requires improvement for providing safe services as we found medicines had not been stored in accordance with guidance. The fridge temperature had exceeded the recommended levels six times within three months. The dispensary staff had not recognised the significance of this and failed to follow cold chain procedure to ensure the medicines integrity.

This inspection was an announced focused inspection carried out on 24 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection 18 January 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 for the March inspection were as follows:

- We found the practice was storing medicines in accordance with guidance and cold chain procedures are followed.
- The practice had evidenced within their clinical meeting minutes their discussions of significant incidents and had scheduled the review of them to ensure learning had been embedded into practice.
- The practice medicine management lead was responsible for ensure the timely auctioning and consistent response to safety alerts.
- The practice was working with their patient participation group to educate patients on alternative methods of booking an appointment to reduce demand on the phone system and improve patient experience of the service.
- The nursing team lead on the inspection of emergency equipment and maintained records of checks conducted. These were overseen by the medicine management lead GP and the practice manager.
- The practice had reviewed their medicine management procedures to ensure they were reflective of practice.
- The dispensary staff conducted and maintained records of checks conducted for all their controlled drugs stock against their register, including the timely and safe destruction of controlled drugs.

# Summary of findings

- The practice was actively identifying and supporting patients with caring responsibilities. They had increased their number of carers by 34 patients to 88 patients, 1% of their patient list.

At this inspection we found that the medicines were being appropriately stored and monitored. Consequently, the practice is now rated as good for providing safe 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 is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt. We found discussions were evidenced within clinical meeting minutes and partnership meeting minutes and learning had been shared and changes embedded into practice.
- Medicine management procedures for the dispensary team had been revised and were reflective of practice. Improvements had been made to the management and destruction of controlled drugs all overseen by the medicine management lead.
- Medicines had been stored in accordance with guidance and staff had been trained and were aware of the importance of following cold chain procedures.
- The nursing team lead on the inspection and recording of maintenance checks on emergency medicines and equipment. This was overseen by the medicine management lead and the practice manager.

# The Writtle Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection was conducted by a CQC Lead Inspector and a second inspector.

## Background to The Writtle Surgery

The Writtle Surgery is a dispensing practice and is situated on the outskirts of Chelmsford in the village of Writtle. The practice covers the village of Writtle and the surrounding villages of Roxwell and Good Easter, hamlets of Highwood, Cookmill Green, Chignal St. James and part of Willingale. The practice has limited parking available in their car park but patients may park on the road immediately outside.

The practice has approximately 8041 patients. The practice serves a diverse demographic. They provide services to patients with disabilities, patients in sheltered housing accommodation, students attending Writtle College (Essex University), Showman communities and those from travelling communities. Their patients have a higher life expectancy for both males and females than the local and national averages

The practice team consists of five GP partners (female and male), a salaried GP (female) and an extensive nursing team of three practice nurses and two healthcare assistants. The clinical team is supported by reception staff, secretaries, administrators and a team of four dispensers, all overseen by the practice manager. The practice also benefits from the support of a pharmacist two days a week to assist with patient medicine reviews.

The practice is open from 8am to 6.30pm Monday to Friday and occasional Saturday mornings for seasonal vaccination clinics. The practice dispenses to 20% of their patient population.

Out of hours provision is commissioned by the local CCG from and patients may attend local emergency medical services at Broomfield Hospital, Chelmsford or Princess Alexandra Hospital, Harlow.

The practice has a comprehensive website provide information on opening times, services, staff and patient group including their newsletter.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Writtle Surgery on 18 January 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 comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for The Writtle Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of The Writtle Surgery on 24 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 legal requirements.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 March 2017. During our visit we:

- Spoke with a range of staff (the practice manager, dispensary team, GPs and the nursing team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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 18 January 2017, we rated the practice as requires improvement for providing safe services as the practice needed to improve their storage and management of medicines.

These arrangements had significantly improved when we undertook a follow up inspection on 24 March 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

In January 2017 we found significant incidents were not a standard agenda item in any of the minutes and there were no details of discussions relating to them. We found an absence of evidence to show how learning had been shared, implemented and revisited to show improvements had been made and embedded into practice. Following our inspection the practice revised their procedure for reporting and investigating incidents. They had conducted a comprehensive analysis of all incidents reported over the past couple of years, this had been discussed by the practice GP partners and trends and learning identified and shared.

The practice now ensured that a significant incident report was completed by the person reporting the concern; this was reviewed by the practice manager and lead GP. The significant incident was later discussed at a partners meeting and learning identified and shared amongst the wider practice team. We reviewed the last clinical meeting minutes from February 2017 and partnership meeting minutes for March 2017 and saw this had been actioned.

Previously we asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us the practice manager received the alerts and shared them with the clinical team. The practice did not maintain records to demonstrate the alerts had been appropriately actioned. However, when we checked recent alerts we found patients had been appropriately monitored. The practice accepted they were not employing a consistent approach to ensure the timely and appropriate management of safety alerts.

In response to our inspection findings the practice had revised their management of safety alerts. On receipt of the alert the practice manager and lead GP shared them with the practice team. They conducted a search of their patient records and identified patients who may be adversely affected. The GPs were appointed responsibilities for following up on patients care and reporting to the partners on their progress. The practice conducted regular searches of their patient records to check for patients on conflicting medicines and adherence with NICE guidance.

### Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had an annual competency assessment.

We checked all four of the practices fridges used to store medicines. We found all were being appropriately monitored and guidance on following cold chain procedures was displayed. We spoke to staff who confirmed they had received training on the safe management of medicines and the medicine management lead and practice manager conducted periodic checks on their records to ensure adherence to policy.

- The practice had revised their standard procedures (these are written instructions about how to safely dispense medicines) to ensure they were reflective of practice. All staff had been spoken to by the practice manager and the medicine management lead to ensure they understood and adhered to them. The practice had focused on strengthening their systems for managing controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We saw the dispensary team were conducting regular checks of all their controlled drugs stock against their register and were aware of system for their safe and timely disposal.