

River Lodge Surgery

Quality Report

Lewes **East Sussex** BN7 2RD

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Date of inspection visit: 29 November 2016

Date of publication: 16/02/2017

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 of this practice on 27 January 2016. Breaches of Regulatory requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the regulatory responsibilities in relation to the following:

- Ensure that all staff undertaking chaperoning duties and who have unsupervised access to patients have undergone a check via the DBS.
- Ensure that they have a record of hand written prescription serial numbers to monitor their use. This must be maintained and up to date.

We undertook this focused inspection on 29 November 2016 to check that the provider had followed their action plan and to confirm that they now met regulatory requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for River Lodge Surgery on our website at www.cqc.org.uk.

This report should be read in conjunction with the last report published in July 2016.

Our key findings across the areas we inspected were as follows:-

- We saw evidence to confirm that the practice had undertaken Disclosure and Barring Service checks for all staff who had unsupervised access to patients including those who undertook chaperoning duties.
- We saw evidence to demonstrate that the practice had a system for monitoring both hand written and computer generated prescriptions.

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.

- On our previous inspection on 27 January 2016, we found that the practice could not demonstrate that all staff who had unsupervised access to patients and those who carried out chaperoning duties had completed a Disclosure and Barring Service (DBS) check. At this inspection on 29 November 2016 we found that all staff had undertaken a DBS check.
- At our inspection on 27 January 2016 we found that the practice did not have a system to monitor and keep track of hand written prescription pads. At this inspection we saw evidence that the provider had introduced a system that included a tracking record and audit system to monitor the stock and use of both types of prescription forms.

Good



Summary of findings

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

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Older people The practice was rated as good for the care of older people on 27 January 2016. This rating remains unchanged.	Good		
People with long term conditions The practice was rated as good for the care of people with long-term conditions on 27 January 2016. This rating remains unchanged.	Good		
Families, children and young people The practice was rated as good for the care of families, children and young people on 27 January 2016. This rating remains unchanged.	Good		
Working age people (including those recently retired and students) The practice was rated as good for the care of working-age people (including those recently retired and students) on 27 January 2016. This rating remains unchanged.	Good		
People whose circumstances may make them vulnerable The practice was rated as good for the care of people whose circumstances may make them vulnerable on 27 January 2016. This rating remains unchanged.	Good		
People experiencing poor mental health (including people with dementia) The practice was rated as good for the care of people experiencing poor mental health (including people with dementia) on 27 January 2016. This rating remains unchanged.	Good		



River Lodge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to River Lodge Surgery

River Lodge Surgery offers primary medical services via a general medical services (GMS) contract to approximately 10,315 registered patients. The practice provides services to a higher number of patients who are aged over 45, when compared with the local clinical commissioning group (CCG) and England average. The practice is in an area with lower deprivation levels compared to the nation average however the practice records some areas of higher levels of deprivation within their catchment area.

The Practice Clinical staff comprises of seven GP Partners (four male and three female), a salaried GP (female), four practice nurses (two point two Whole Time Equivalents (WTE)) and three health care assistants (two point eighteen WTE).

The Practice is supported by a team of administration staff including an office manager, a finance administrator, a prescriptions administrator and reception and secretarial team. Day to day management is undertaken by a practice manager.

The practice runs a number of services for its patients including minor surgery, asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

River Lodge Surgery (Main Surgery)

Lewes

East Sussex

BN72RD

And

Anchor Field Surgery (Branch)

30 Anchor Field

Ringmer

Lewes

East Sussex

BN850N

Why we carried out this inspection

We undertook a focused inspection of River Lodge Surgery on 29 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 27 January 2016 had been made.

We inspected the practice against one of the five questions we ask about services: is the service safe?

This is because the service had not been meeting some legal requirements.

Detailed findings

How we carried out this inspection

We reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out a focussed inspection on 29 November 2016.

- We reviewed the system in place to monitor blank hand written prescription and computer generated prescription pads.
- We reviewed the systems for carrying out DBS checks on staff who had unsupervised access to patients.



Are services safe?

Our findings

Overview of safety systems and processes

At our inspection on 27 January 2016 we found that all staff who acted as chaperones were trained for the role however not all had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that three staff identified as chaperones, one of whom had started in 2014 had not completed this check and there was no risk assessment in place. At the inspection on 29 November

2016 we saw a comprehensive list of all staff who have unsupervised access to patients including staff who carry out chaperoning duties. We saw evidence to confirm all of these staff had been subject to an enhanced DBS check.

At our inspection on 27 January 2016 we found blank prescription forms and pads were securely stored and there was a system in place to monitor their use however serial numbers for hand written prescription pads were not monitored on a regular basis. At the inspection on 29 November 2016 we saw evidence that a new system had been introduced to monitor all types of prescription forms. The practice had introduced standard operating procedures for prescription forms and the control of stock. We saw records to demonstrate that these were closely monitored and audited by the practice manager on a regular basis.