

Whiteparish 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 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 Whiteparish Surgery on 12 January 2016. The practice breached regulations for safe, effective, responsive and well-led services and as a result, the overall rating for the practice was requires improvement. The full comprehensive report on the 12 January 2016 inspection can be found by selecting the 'all reports' link for Whiteparish Surgery on our website at www.cqc.org.uk.

Following the inspection the provider sent us an action plan that set out the actions they would take to meet the breached regulations. A focused desk-top inspection was then undertaken on 20 October 2016 to check the practice was meeting the regulations previously breached. For this reason we only rated the location for the key questions to which this inspection related.

We found the practice had made improvements since our inspection on 12 January 2016. The information we received enabled us to find the practice was meeting the regulations that it had previously breached for safe, effective and responsive services. However, due to an oversight on our part this inspection did not look to see if the practice was meeting the regulations for being well-led that it had previously breached. When we realised our error we arranged a second focused desk-top inspection to look at the outstanding issues which were:

- The practice did not have an adequate governance framework to support the delivery of the strategy and good quality care. We found a range of issues which would have been identified by the practice if their governance arrangements had been more robust. For example, the governance structure had not identified the lack of fire and safeguarding training, the lack of adequate prescription security and that fire alarm tests were not conducted.
- The programme of internal audit which was used to monitor quality and to make improvements had some gaps. For example, we did not see evidence of auditing of controlled medicines management or dispensing errors.
- Not all staff were aware of the legislation regarding the Duty of Candour.

This report covers the second focused desk-top inspection undertaken on 4 December 2017 to check the practice was meeting the regulation. We have changed the rating for this practice to reflect these changes. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. The practice is now rated good for the provision of well-led services.

Our key findings were as follows:

Summary of findings

- All staff had completed approved on-line fire training and fire alarm tests were conducted.
- The practice had adequate prescription security.
- There was evidence of auditing of controlled medicines management or dispensing errors.
- All staff had completed approved online safeguarding training.
- All staff were aware of legislation concerning the Duty of Candour.

Overall the practice continues to be rated as Good.

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 well-led?

Following this desk-based follow-up inspection of Whiteparish Surgery on 4 December 2017, the domain for well-led is now rated as good. This is because we saw documentary and other evidence that:

- All staff had completed approved on-line fire training and fire alarm tests were conducted.
- The practice had adequate prescription security.
- There was evidence of auditing of controlled medicines management or dispensing errors.
- All staff had completed approved online safeguarding training.
- All staff were aware of legislation concerning the Duty of Candour.

Good



Summary of findings

The six population groups and what we found

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

Older people

We did not inspect the population groups as part of this inspection. This means this population group continues to be rated as Good.

Good



People with long term conditions

We did not inspect the population groups as part of this inspection. This means this population group continues to be rated as Good.

Good



Families, children and young people

We did not inspect the population groups as part of this inspection. This means this population group continues to be rated as Good.

Good



Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. This means this population group continues to be rated as Good.

Good



People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. This means this population group continues to be rated as Good.

Good



People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. This means this population group continues to be rated as Good.

Good



Whiteparish Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a Lead CQC inspector.

Background to Whiteparish Surgery

Whiteparish Surgery is located in a purpose built building close to the centre of Whiteparish village, which is about eight miles outside of Salisbury. All consulting rooms are located on the ground floor. The practice has its own dispensary. The practice has a registered population of approximately 6,700 patients.

Data shows minimal income deprivation among the practice population. There are a higher number of patients aged over the age of 50 than the national average.

Five GP partners, making up three-and-a-half whole time equivalent GPs, manage the practice. Three are female and two are male. In addition there are two female salaried GPs making up 0.75 whole time equivalent GPs. There are three practice nurses, two nurse practitioners, a health care assistant and a phlebotomist (a phlebotomist takes blood samples). There are eight dispensers making a whole time equivalent of 4.5 staff. The practice manager is supported by a team of 17 staff making a whole time equivalent of 9.8 staff. Some staff have dual roles working in more than one team.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning and 2.15pm to 6.30pm every afternoon. Extended surgery hours are offered every Saturday between 8.45am and 11.30am.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Medvivo. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

Services are delivered via a General Medical Services contract (GMS). (GMS contracts are negotiated between NHS England and general practices for delivering medical services and are the commonest form of GP contract).

All services are provided from: Whiteparish Surgery, Common Road, Whiteparish, SP5 2SU.

At the time of our inspection the practice was going through the process of removing one GP and adding two more to the list of partner GPs.

Why we carried out this inspection

We undertook a comprehensive inspection of Whiteparish Surgery on 12 January 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. The full comprehensive report following the inspection on 12 January 2016 can be found by selecting the 'all reports' link for Whiteparish Surgery on our website at www.cqc.org.uk.

We undertook a focused desk-top inspection of Whiteparish Surgery on 20 October 2016. 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

We found the practice had made improvements since our inspection on 12 January 2016. The information we received enabled us to find the practice was meeting the regulations that it had previously breached for safe, effective and responsive services. The practice did not meet the regulations that it had previously breached for being well-led.

A further focused desk-top inspection was undertaken on 4 December 2017 to check the practice was meeting the regulation previously breached.

How we carried out this inspection

We carried out a desk-based focused inspection of Whiteparish Health Centre on 4 December 2017. This involved reviewing documentary and other evidence the practice sent us relating to fire, medicines, safeguarding and the Duty of Candour.

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 well-led?

Good 

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

Our findings

Due to an oversight on our part, at our previous follow-up inspection on 20 October 2016, we did not look to see if the practice was meeting the regulations for being well-led that it had previously breached.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a second follow-up inspection of the service on 4 December 2017. The practice is now rated as good for being well-led.

Governance arrangements

At our previous follow-up inspection of Whiteparish Surgery on 20 October 2016, we found that the practice did not have an adequate governance framework to support the delivery of the strategy and good quality care. There were a range of issues which would have been identified by the practice if their governance arrangements had been more robust. For example, the governance structure had not identified the lack of fire and safeguarding training, the lack of adequate prescription security and that fire alarm tests were not conducted. At our subsequent follow-up inspection on 4 December 2017:

- We saw documentary evidence that all staff had received fire training.
- We saw documentary evidence of a Standard Operating Procedure for fire alarm testing, to ensure that the practice conforms to all legal requirements regarding fire safety. A member of staff is the nominated Fire Marshall, and we saw documentary evidence of a job description for this role.
- We saw documentary evidence that all staff had received safeguarding training. When we spoke to the practice, they told us they had introduced a comprehensive training spreadsheet which was continually updated so that the practice management were aware of current staff training needs.
- We saw documentary evidence of a Standard Operating Procedure for prescription security, to ensure that all

prescriptions were stored in line with legal requirements and also best practice. All prescriptions were stored in locked cupboards in rooms that were accessible only to staff, and could only be entered via an access code.

At our previous follow-up inspection of Whiteparish Surgery on 20 October 2016, we found that the programme of internal audit which was used to monitor quality and to make improvements had some gaps. For example, we did not see evidence of auditing of controlled medicines management or dispensing errors. At our subsequent follow-up inspection on 4 December 2017:

- We saw documentary evidence of a Standard Operating Procedure for prescription management, to ensure that prescriptions are ordered, stored and distributed according to best practice and official guidance; and a process for Significant Event reporting. When we spoke to the practice they told us the process applies to all staff and that all dispensary staff now use this system to discuss dispensing errors.
- We saw documentary evidence of a Standard Operating Procedure (SOP) to ensure that stock of Controlled Drugs (prescription medicines controlled under the Misuse of Drugs legislation, and subsequent amendments) is checked on a monthly basis. The SOP identifies discrepancies and outlines steps to be taken, if necessary.

Leadership and culture

At our previous follow-up inspection of Whiteparish Surgery on 20 October 2016, we found that although staff complied with the requirements of the Duty of Candour, not all staff were aware of the legislation. We spoke to the practice at our subsequent follow-up inspection on 4 December 2017, and they told us that staff attended a presentation on the Duty of Candour. We saw from training notes and discussions in support of the presentation, that staff had read and understood the requirements of the Duty of Candour.