Manston Surgery

Quality Report

Crossgates Medical Centre
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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

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 Manston Surgery on 27 April 2016. We also visited the branch site in Scholes as part of our inspection. The overall rating for the practice was good. However; we rated the practice as requires improvement for providing safe care The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Manston Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 9 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the issues that we identified in our previous inspection on 27 April 2016. This report covers our findings in relation to those requirements.

The practice has now met the legal requirements in the key question of safe and is now rated as good.

Our key findings were as follows:

- The practice had comprehensive Standard Operating Procedures in place to support the staff working within the dispensary at the Scholes branch site.
- The practice had a Standard Operating Procedure to cover the management of controlled drugs.
- There was a system in place to routinely check stock medicines were within expiry date and fit for use. This was supported by a Standard Operating Procedure to govern the activity.
- The practice had implemented a system to record near misses (a record of errors that had been identified and corrected before medicines had left the dispensary).
- The practice had a system in place to record and investigate incidents. We saw minutes of meetings where these had been discussed.
- There was a system in place to manage medicines safety alerts.
- The practice had a documented record of when checks were carried out on the oxygen and defibrillator.

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?

Good

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 27 April 2016. The issues at the previous inspection included:

- Standard Operating Procedures (SOP's) were in place which covered some basic aspects of the dispensing process; however these were limited in both scope and detail.
- The practice dispensed a small number of controlled drugs but did not have an SOP covering the management of these.
- Staff did not routinely check stock medicines were within expiry date and fit for use as recommended in current guidance, and there was no SOP to govern this activity.
- Staff did not keep a 'near-miss' record (a record of errors that have been identified and corrected before medicines have left the dispensary), however we saw some basic details of dispensing errors had been recorded.
- A high number of significant incidents involving medicines had been recorded. The practice had not acted to adequately investigate these incidents and staff we spoke with were unaware of the details because learning had not been effectively shared to prevent reoccurrence.
- There was no robust procedure in place to manage medicines safety alerts.
- The staff we spoke with told us that regular checks were carried out to ensure the oxygen and defibrillator had been carried out. However, saw there was no formal record documenting these checks.

At this inspection on 9 March 2017 we found:

- The practice had detailed Standard Operating Procedures in place to support the staff working within the dispensary at the Scholes branch site.
- The practice had a Standard Operating Procedure to cover the management of controlled drugs.
- There was a system in place to routinely check stock medicines were within expiry date and fit for use. This was supported by a Standard Operating Procedure to govern the activity.

Summary of findings

- The practice had implemented a system to record near misses (a record of errors that had been identified and corrected before medicines had left the dispensary).
- The practice had a system in place to record and investigate incidents. We saw minutes of meetings where these had been discussed.
- There was a system in place to manage medicines safety alerts.
- The practice had a documented record of when checks were carried out on the oxygen and defibrillator.

Manston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and a second CQC inspector carried out this focused inspection.

Background to Manston Surgery

Manston Surgery is located in Cross Gates Medical Centre on Station Road, Leeds, LS15 8BZ. The practice also has a branch site at 96 Main Street, Scholes, Leeds, LS15 4DR. The branch site is situated in a more rural location and as such is a dispensing site. We visited both sites as part of our inspection.

The practice is part of the Leeds South and East Clinical Commissioning Group and serves a population of approximately 7272 patients. The service is provided by four GP partners (two male and two female). The partners are supported by two salaried GPs (female), two practice nurses and two health care assistants. The clinical staff are supported by an experienced team of administration staff.

The practice is classed as being in the one of the lesser deprived areas in England, being in the sixth decile on a scale of one to ten (where the tenth decile is classed as being least deprived).

Patients can access a number of clinics for example; asthma and diabetes, smoking cessation and baby clinics. The practice also offers services such as childhood vaccinations and cervical smears.

Manston Surgery is open as follows:

Crossgates location:

Monday – Friday from 8am until 6pm

Saturday from 8am until 11am

Scholes location:

Monday, Wednesday and Friday from 8am until 12pm and 3pm until 6pm

Tuesday and Thursday from 8am until 12pm

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Services are provided under a personal medical services (PMS) contract. This is the contract held between the practice and NHS Commissioners. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

The practice has good working relationships with local health, social and third sector services to support provision of care for its patients. The third sector includes a diverse range of organisations including voluntary and community groups.

Why we carried out this inspection

We undertook a comprehensive inspection of Manston Surgery on 27 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. However; we rated the practice as requires improvement for providing safe care. The full comprehensive report following the inspection on 27 April 2016 can be found by selecting the 'all reports' link for Manston Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Manston Surgery on 9 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.

How we carried out this inspection

We carried out a focused follow up inspection of Manston Surgery on 9 March 2017. This inspection was based at the branch site in Scholes. During our visit we:

- Spoke with the practice manager.
- Spoke with a GP partner.
- Spoke with two members of the administrative team.
- Reviewed the electronic incident reporting system.
- Reviewed Standard Operating Procedures.
- Reviewed medication safety alerts.
- Reviewed the record of near misses which the practice had logged.

Good

Are services safe?

Our findings

When we inspected the practice in April 2016, we had rated the practice as requires improvement for providing safe services. The focused inspection on 9 March 2017 was conducted in order to review the safety issues linked to the management of medicines which had been identified. During this inspection we found that the practice had addressed all of the concerns previously raised. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had implemented an electronic system to record all near miss incidents. We reviewed this and found that eight examples had been documented. For example; the practice had recorded that on one occasion the wrong dose of medication had been picked and dispensed. This was intercepted by the GP prior to the patient leaving the practice and the correct dose dispensed.

The practice used a computerised system to report incidents and significant events. We reviewed a sample of these and saw learning outcomes. We also reviewed minutes of practice meetings where these had been discussed.

Overview of safety systems and processes

We reviewed the Standard Operating Procedures in place at the practice and found that these were detailed and provided clear guidance to staff. The practice had SOPs in place for all aspects of the dispensary, for example; the ordering, storage and dispensing of controlled drugs, date checking medication and ordering and receiving medication.

The practice had implemented a system to manage medicines safety alerts. All alerts were reviewed by the practice nurse and circulated around the practice. During our inspection we reviewed the paper file the practice had implemented and saw the last alert had been received by the practice on 23 February 2017. It was documented that no action was taken as the practice did not use the medication.

Arrangements to deal with emergencies and major incidents

The practice had a documented record of when checks were carried out on the oxygen and defibrillator.