

New Valley Practice

Inspection report

New Valley Practice
Newcombes Medical Centre
Newcombes
Crediton
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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 location

Good



Are services safe?

Good



Overall summary

We carried out an announced comprehensive inspection at New Valley Practice on 4 January 2018. The overall rating for the practice was good, with safe rated as requires improvement. The full comprehensive report on the January 2018 inspection can be found by selecting the 'all reports' link for New Valley Practice on our website at .

This inspection was an announced focused inspection carried out on 2 August 2018 to confirm that the practice had carried out their plan to meet the legal requirement in relation to the breach in regulations that we identified in our previous inspection on 4 January 2018. This report covers our findings in relation to that requirement and also additional improvements made since our last inspection.

The overall rating for the practice remains unchanged as good. However, the safe domain is now rated as good.

Our key findings were as follows:

Systems, processes and records had been implemented providing appropriate assessment, monitoring, management and mitigation of risks to the health and safety of patients who use services:

- The processes used for monitoring staff training and development was improved enabling effective

monitoring of mandatory and role specific training could take place. For example, staff designated to carry out fire safety checks had received appropriate training for this role.

- The practice used a consultant for all human resources matters. The recruitment process was reviewed and a checklist put in place to prompt consistency with pre-employment checks being carried out.
- Installation checks had been carried out on new fire safety equipment. Ongoing monitoring checks were now being done regularly to ensure this equipment was in working order.
- Patient Specific Directions (PSDs) were used and now include full details of the medicine and dose to be given and were pre-authorised by the lead prescribing GP.
- Patient feedback was acted upon and an audit of patient waiting room times for an appointment was carried out.
- The practice had increased the number of carers identified as needing support from 98 in January 2018 to 129 in August 2018.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.

Background to New Valley Practice

New Valley Practice provides primary medical services to people living in the practice area and is located in CREDITON with a dispensing branch surgery at Thorverton. A dispensing practice is where GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting which is a set distance from a pharmacy.

New Valley Practice provides primary medical services to approximately 8934 patients. There is one registered location and a branch surgery:

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Thorverton Surgery (Branch with dispensary), The Bury, Thorverton Devon EX5 5NT
On 2 August 2018, we inspected the New Valley Practice at Crediton but did not revisit the branch surgery at Thorverton.

The practice population is in the seventh deprivation decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females to 83 years.

There is a team of four GP partners and three salaried GPs within the organisation. There are seven female and one male GPs. The team are supported by six qualified practice nurses, one health care assistant and a

phlebotomist work across both practices. At Thorverton Surgery there are five dispensary staff working in the dispensary. There are additional administrative and reception staff managed by the deputy practice manager.

New Valley Practice is an approved training practice providing vocational placements for GPs, F2 doctors and year two medical students. One GP partner is approved to provide vocational training for GPs, and another GP partner approved to train second year post qualification doctors and medical students. A GP registrar was on placement at the time of the inspection but on leave.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

The practice is open between Monday and Friday from 8.30am until 6pm, in line with local contracting arrangements. Extended hours are provided mid-week evenings after 6pm and every Saturday from 9 am until 11.15 am. Extended hours appointments are pre-bookable and preferably for patients that find it difficult to come to the surgery during normal working hours and cannot be made on the day. Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

Routine appointments are available daily and are bookable up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

Are services safe?

We rated the practice as requires improvement for providing a safe service at the last inspection on 4 January 2018. We found organisational policies and procedures had been reviewed but some were not fully embedded across the organisation, these included: An effective system to monitor staff training and addressing gaps in a timely way; Adherence to the practice recruitment procedure in regard of pre-employment checks; New fire safety procedures following the updating of equipment had not been instigated. Delegated duties to supply and give immunisations were not appropriately authorised.

The practice produced an action plan outlining the improvements it would make to address the shortfalls. These arrangements had significantly improved when we undertook a follow up inspection on 2 August 2018. The practice is now rated good for safe services

Improvements to governance systems facilitated proactive identification of risk and actions to reduce these. Examples seen at the inspection on 2 August 2018 were:

Systems supporting the recruitment process were reviewed to ensure patients were safe and safeguarded from abuse.

- We reviewed the new recruitment process, which was comprehensive. No new permanent staff had started employment since the last inspection but the recruitment of a salaried GP was underway. The practice had set up a contract with a consultancy firm for human resources, employment law and health and safety advice. Checks added to the process included: pre-employment health assessment, which included a review of their immunisation needs. The practice sent evidence of pre-employment health assessments having been obtained after the last inspection.

The practice had made improvements to the safe management of medicines.

- A system was put in place to ensure all Patient Group Directions (PGDs) were signed off by an authorised manager, in order to adopt their use by the practice. The system for authorising Patient Specific Directions (PSDs) had been overhauled with a new policy to include full details of the medicine and dose to be given, and ensure that a pre-authorised list of patients was available. The practice had updated the standard operating procedures (SOPs) about PGDs and PSDs. Two examples of PSDs were seen giving authorisation for patients to be vaccinated with specific medicines.

- Access to the cupboard where controlled drugs were stored (medicines that require extra checks and special storage arrangements because of their potential for misuse) had been reviewed and the standard operating procedure about CD security was updated.

The practice had improved its safety record.

- There were comprehensive risk assessments in relation to safety issues. We reviewed the updated fire risk assessment. Records demonstrated fire alarm checks had been instigated since the last inspection in January 2018 at Newcombes and Thorverton Surgeries. Staff delegated to manage fire safety checks had completed appropriate training to undertake this role on behalf of the designated health and safety manager. Certificates seen demonstrated four staff had completed fire marshal training.

At the comprehensive inspection on 4 January 2018, we found all other areas of the safe domain to be effective which we reported upon. These were:

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, for example since the last inspection the practice had updated the safeguarding children policy to take account of national guidance. Staff had direct access to the RCGP safeguarding tool via a link. Policies and procedures included the named lead GP as the person to go to for further guidance.
- Recruitment processes, including appropriate checks to safeguard patients required improvement.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had a process to assess the different responsibilities and activities of all staff to determine if they were eligible for a DBS check and to what level.

Are services safe?

(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).

- All staff had access to up-to-date safeguarding and safety training appropriate to their role. All staff we spoke with knew how to identify and report concerns. Nursing and named administrative staff who acted as chaperones were trained for the role and had received a DBS check.
- Infection prevention and control (IPC) procedures were in place. Newcombes and Thorverton Surgery sites were assessed regularly throughout 2017 and where any shortfalls were identified these were risk rated with a clear plan in place to address them. For example, in October 2017 waste management had been rated as a high priority as the company collecting this had not been providing the practice with a waste consignment note available for inspection. Staff told us this had been rectified with the company.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing general healthcare waste,

this to assess patients with suspected infections. There was a protocol in place for trained reception staff to monitor unwell children and to prioritise them to be seen first by a GP when attending the sit and wait clinic.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Access to the cupboard where controlled drugs were stored (medicines that require extra checks and special storage arrangements because of their potential for misuse) needed to be reviewed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Patient Group Directions (PGDs) were in place to allow nurses to administer medicines and had been read and signed by nursing staff. Systems for checking and signing off PGDs needed to be reviewed.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. A named member of staff was responsible for setting up the rotas and did so in conjunction with the lead GP. Staff showed us the weekly rotas, which demonstrated capacity and planning for pressure points such as half term week in February 2018.
- There was an effective induction system for temporary staff, tailored to their role. For example, locum GPs were given an induction pack and had a one to one induction with a member of the management team before starting a session.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The GPs and nurses were able to access the national sepsis assessment tool and used

Are services safe?

Track record on safety

The practice mostly had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. However, the fire risk assessment was not updated and fire alarm checks had not been instigated after new fire safety systems were installed in August 2017.
- The practice monitored and reviewed activity at practice meetings, including significant events. Staff verified they were all invited to attend these meetings. This provided a forum for the whole team to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Records demonstrated the practice sought prompt advice from specialists when issues arose to ensure patient safety was maintained.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their

- duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. All staff attended a whole practice meeting every quarter to discuss learning from significant events and incidents, and to receive training and development.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice had reviewed events leading up to the diagnosis and rapid admission to hospital of a child with early sepsis. National guidelines were used to determine, what if any, learning could be identified and led to specialist paediatric equipment (blood pressure machine and pulse oximeter to measure oxygen levels in the blood) being purchased for assessment of unwell children.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.