

Mill View Surgery

Quality Report

Mill View Surgery
Mill Street
Rocester
Uttoxeter
Staffordshire
ST14 5JX
Tel: 01889 590208
Website: www.millviewsurgery.nhs.uk

Date of inspection visit: 13 June 2017
Date of publication: 12/07/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Mill View Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Mill View Surgery on 27 April 2016. The overall rating for the practice was 'Good' with requires improvement for providing a safe service. The full comprehensive report on the 27 April 2016 inspection can be found by selecting the 'all reports' link for Mill View Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 13 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified at our previous inspection on 27 April 2016. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The practice had implemented systems to ensure that repeat prescribing was carried out in line with national guidance.
- A prescription tracking system had been introduced.
- Regular monitoring of the water system was carried out in accordance with the Legionella risk assessment.

At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing well-led 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.

- The practice recorded and reviewed errors found when double checking medicines being dispensed.
- Monitoring checks identified in the Legionella risk assessment had been carried out and recorded.
- The standard operating procedure for dispensing medicines had been changed to state that each medicine should be checked against a prescription during the dispensing process. We observed that this process was being carried out.
- There was a system to track blank prescriptions throughout the practice.

Good



Mill View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector.

Background to Mill View Surgery

Mill View Surgery is located in the rural village of Rocester, in East Staffordshire. The area has some pockets of deprivation although overall average levels are similar to the national average. There are low rates of unemployment when compared to national averages.

The practice was established 80 years ago and is situated in a purpose built building. The practice has a dispensary within the building that it owns. The building is on two storeys and has a lift although treatment rooms are currently on the ground floor. There is spare capacity to expand, and third party providers work from the premises, for example; a chiropody service and staff from the mental health community team currently use rooms within the building.

The practice has a list size of 2,000 patients. The population distribution shows higher than average number of patients over 65 years of age. The ethnicity data for the practice shows 98% of patients are white British. The practice population is static and the local population has remained static. However there are plans to build further housing.

The practice is a partnership with a GP and practice manager being the two partners. They are supported by locum GPs. The GPs work a combined number of sessions equivalent to 1.8 full time equivalent. The GPs are assisted

by a clinical team consisting of a practice nurse and a healthcare assistant. The administration team consists of a practice manager partner and five administration staff. The dispensary is managed by a senior dispenser who is supported by the administration staff.

The practice opens from 8am to 6.30pm, Monday to Friday. Consulting times in the morning are from 9am to 10.30am and in the afternoon from 4pm and 5.30pm. However there are no clinics on a Thursday afternoon. The dispensary is open each week day between 9am and 1pm and in the afternoon between 3pm and 6pm. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Staffordshire Doctors Urgent Care. The nearest hospital with an A&E unit and a walk in service is Queen's Hospital, Burton-upon-Trent. The nearest walk in centre is in Leek.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Mill View 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 with requires improvement in providing a safe service. The full comprehensive report following the inspection on 27 April 2016 can be found by selecting the 'all reports' link for Mill View Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Mill View Surgery on 13 June 2017. This inspection was carried out to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice.

During our inspection we:

- Spoke with the practice manager partner.

- Observed the practice procedures for dispensing medicines.
- Checked documents that contained records of safety checks carried out.

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 27 April 2016, we rated the practice as requires improvement for providing safe services. This was because:

- Repeat prescribing was not being carried out in line with national guidance:
- Errors found when double checking dispensed items were not being recorded.
- Medicines were not always checked against a prescription during the dispensing process.
- Medicines were being given to patients before the prescription had been signed or clinically checked by a GP.
- There was no system in place to track the use of prescriptions within the practice.
- There was no evidence of regular monitoring checks identified in the Legionella risk assessment that had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings).

We issued a requirement notice in respect of the procedure for repeat prescribing and found arrangements had significantly improved when we undertook a follow up inspection of the service on 13 June 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

We observed that medicines were being picked and checked against a prescription during the dispensing process. The practice manager told us that they had reminded staff of the process documented in the standard operating procedure and carried out informal spot checks to ensure that the process was being followed.

Any errors found during the double checking of items dispensed were recorded in a 'near miss' folder. The practice told us that these had initially been reviewed monthly but had been moved to quarterly reviews due to the low number of errors found. A review of these records on the day showed that where there was a repetition of an error, this was raised at the next staff meeting and documented in the folder.

The practice had changed the dispensing process following the last inspection to align with national guidelines. Prescriptions now had to be signed by a GP before the item was dispensed except if the clinical need justified an exception to this process; for example, where the urgent treatment of a patient could be delayed (the medicine would then be dispensed with the verbal agreement of a GP who would then document at the earliest opportunity).

The practice had implemented a system to track blank prescriptions throughout the practice and monitored their use to identify if forms had been lost or stolen.

Monitoring risks to patients

A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). There was evidence that the regular monitoring checks identified had been carried out. For example, the temperatures of the cold water (below 20 degrees Celsius) and hot water (a minimum of 50 degrees Celsius) taps were checked monthly and the shower heads and hoses were dismantled, cleaned and descaled quarterly. All checks were recorded and these records showed they had been completed within the frequency recommended in the risk assessment.