

The Victoria Surgery

Quality Report

Victoria Road
Tipton
West Midlands
DY4 8SS

Tel: 0121 557 3422

Website: [www. https://sites.google.com/site/thevictoriaroadsurgery](https://sites.google.com/site/thevictoriaroadsurgery)

Date of inspection visit: 15 June 2017

Date of publication: 13/07/2017

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	4

Detailed findings from this inspection

Our inspection team	5
Background to The Victoria Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Victoria Surgery on 20 January 2016. The overall rating for the practice was Good. However, for providing safe service the practice was rated as requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for The Victoria Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection on the 20 January 2016.

Overall the practice is rated as Good.

Our key findings were as follows:

- During our previous inspection we saw that the practice had a defibrillator and oxygen available on the premises. This equipment was only checked annually and we found that the oxygen mask and defibrillator pads were out of date. At this follow up

inspection we saw monthly checks had been introduced for both the defibrillator and oxygen to ensure it was in good working order. There were masks and pads available and they were in date.

- When we inspected the practice in January 2016 we saw that some prescriptions had not been collected for nearly two months; two of these were for children, one of which was for the treatment of asthma. This did not ensure safeguards were in place to ensure that vulnerable patients always received medicines in a timely way. At this follow up inspection we saw the practices' repeat prescription protocol had been reviewed and a monthly log had been introduced to account for all uncollected prescriptions.
- When we inspected the practice in January 2016 we saw most staff had received a Disclosure and Barring Service (DBS) check. However, one staff member was undergoing a DBS check. They carried out the role of a chaperone but the practice had not formally assessed risk whilst waiting for the outcome of the DBS check. At this inspection we looked at all administration staff files and saw DBS checks were in place. DBS checks help to 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

Summary of findings

- During our previous inspection we saw all the emergency medicines were in date. However, they were they were not easily accessible to staff in the event of an emergency. At this follow up inspection we saw that the practice had carried out a risk assessment and had relocated the emergency medicines to accessible locations.

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 effective services.

At our previous inspection on 20 January 2016, we rated the practice as requires improvement for providing safe services.

- The practice had amended its repeat prescription and medication review protocol and had introduced a monthly log to check all uncollected prescriptions. Where required, patients were contacted if they had not collected their prescription.
- We saw evidence that Disclosure and Barring Service (DBS) checks were in place for all administration staff.
- Monthly checks had been introduced to ensure the defibrillator and oxygen was in working order. There were oxygen masks and pads for the defibrillator available.
- The practice had carried out a risk assessment and had relocated the emergency medicines to ensure they were easily accessible to staff in the event of a medical emergency.

Good



The Victoria Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our follow up inspection team was led by a CQC inspector

Background to The Victoria Surgery

The Victoria Surgery is located in the Tipton area of the West Midlands. The practice list size is approximately 2600 patients. We reviewed the most recent data available to us from Public Health England which showed that the practice population and age distribution was similar to the England average, with a slightly higher number of female patients aged between 40 and 45.

The clinical team includes three GP partners (two female and one male) and a part time practice nurse. The GP partners and the practice manager form the practice management team and are supported by a team of four receptionists, who all cover reception and administration duties.

The practice provides services under a General Medical Services (GMS) contract. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care. The practice provides enhanced services (an enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients), for example avoiding unplanned admissions.

The practice is open from 8am to 6.30pm, Monday to Friday and from 9am to 12pm on Saturdays. The practice closes on Thursdays at 1pm and there is a formal arrangement in place with a nearby practice where patients can be seen.

Appointments run from 9am to 12:30pm and then again from 4pm to 6:30pm during week days, except for Thursdays when the practice closes at 1pm.

Between the hours of 8am to 9am and 12:30pm to 4pm, primary care cover is provided by an external provider. The practice is closed on Thursday afternoons and cover is provided by the same external provider.

Online prescribing and prescription requests are available and the practice had introduced Electronic Prescription Service (EPS) where patients could have their medicines at a designated chemist.

Why we carried out this inspection

We undertook a comprehensive inspection of The Victoria Surgery on 20 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good. However, for providing safe services the practice was rated as requires improvement. The full comprehensive report following the inspection on 20 January 2016 can be found by selecting the 'all reports' link for The Victoria Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Victoria Surgery on 15 June 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.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Victoria Surgery on 15 June 2017. As part of our inspection we looked at:

- The practices process for managing uncollected prescriptions.

- How the practice managed risks when administration staff members undertook the role of a chaperone.
- If the practices emergency medical equipment were in working order and emergency if medicines were accessible to staff at all times.

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 20 January 2016, we rated the practice as requires improvement for providing safe services. Management of risks in relation to recruitment checks were not implemented well enough to ensure patients were kept safe. The defibrillator was only checked annually to ensure it was in good working order and the oxygen mask and defibrillator pads were out of date. The processes for managing uncollected prescriptions were not appropriate and needed strengthening. Emergency Medicines were stored in a way that was not easily accessible to staff.

These arrangements had improved when we undertook a follow up inspection on 15 June 2017.

The practice is now rated as good for providing safe services.

Overview of safety systems and process

When we inspected the practice in January 2016 the practice could demonstrate that they had a process in place for managing uncollected prescriptions. However, we saw that some prescriptions were nearly two months old; two of these were for children, one of which was for the treatment of asthma. This meant that insufficient safeguards were in place to ensure that vulnerable patients always received medicines in a timely way.

At the follow up inspection we saw the practice had modified its repeat prescription and medication review protocol advising staff to highlight to the prescriber any prescriptions that had not been collected after one month. The prescriber was then to review this and determine if it should be destroyed and deleted from the patient record. We saw that a monthly log had been in place since February 2016 to document all uncollected prescriptions and the actions taken. For example, we spoke with a GP

partner who explained that they telephoned relevant patients such as those with chronic conditions needing for example inhalers to determine reason for non-collection. We looked at the log which confirmed this.

During our previous inspection we saw one administration staff member who acted as a chaperone but did not have a Disclosure and Barring Service check (DBS check). The practice had applied for DBS check but had not received confirmation that the staff member was suitable to work with vulnerable groups including children. The practice had not completed a risk assessment in the absence of a DBS check. At this follow up inspection we looked at all administration staff files and saw DBS checks were in place.

Arrangements to deal with emergencies and major incidents

During our previous inspection we saw that the practice had a defibrillator and oxygen available on the premises. However, this equipment was only checked annually and we found that the oxygen mask and defibrillator pads were out of date.

At this follow up inspection, we saw monthly checks had been introduced for both the defibrillator and the medical oxygen to ensure they were in good working order. There were oxygen masks and defibrillator pads available and were in date.

When we inspected the practice in January 2016 we saw emergency medicines were not always accessible to staff. During this follow up inspection we saw that the practice had carried out a risk assessment and had relocated all emergency medicines into an accessible location. As part of the learning from the risk assessment the defibrillator and the medical oxygen were relocated into the reception room. There was clear signage to ensure staff were aware of their location.