

# Westrop Medical Practice

## Quality Report

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Date of inspection visit: 30 August 2016

Date of publication: 09/09/2016

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

In March 2016 a comprehensive inspection of Westrop Medical Practice was conducted. The practice was rated as requires improvement for safe and good for effective, caring, responsive and well led. Overall the practice was rated as good. During that inspection we found that the practice was not compliant with the legislation in relation to nurses administering vaccines and medicines in accordance with written instructions.

We also advised the provider that they should ensure a GP or nurse takes responsibility for the exemption of patients with long term conditions from national indicators for monitoring these conditions and review the number of patients identified as carers and seek to increase the numbers identified.

The report setting out the findings of the inspection was published in April 2016. Following the inspection we asked the practice to provide an action plan detailing how they would improve on the areas of concern.

We carried out an announced desk top inspection of Westrop Medical Practice on 30 August 2016 to ensure the changes the practice told us they would make had been implemented and to apply an updated rating.

We found the practice had made significant improvement since our last inspection on 10 March 2016. Following this desk top review we rated the practice as good for providing safe services. The overall rating for the practice remains good. For this reason we have only rated the location for the key question to which this related. This report should be read in conjunction with the full inspection report of 10 March 2016.

At this inspection we found:

- Systems were in place to ensure that nurses were administering vaccines and medicines in accordance with written instructions.
- The GP was reviewing patients with long term conditions ensuring the correct follow up were in place before any patients were excepted from a review.
- The practice had implemented improvements to help identify carers to offer support.

### 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.

**Good**



- The practice had reviewed the instructions required to enable nurses to administer vaccines so these were now authorised by the GPs and the nurses had confirmed they had read the patient group directions (PGDs) and were competent to administer the vaccines. The practice had implemented a new system to ensure new PGDs were signed and followed by the practice nurse team. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

# Westrop Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our follow up desk top inspection was undertaken by a CQC Lead Inspector.

### Why we carried out this inspection

We carried out a comprehensive inspection on 10 March 2016 and published a report setting out our judgements. We undertook a focused desk top inspection on 30 August 2016 to check that the practice had taken the actions they told us they would make to comply with the regulations they were not meeting at the previous inspection.

We have followed up to make sure the necessary changes had been made and found the provider was now meeting the fundamental standards included within this report. The focused inspection also enabled us to update the ratings for the practice.

This report should be read in conjunction with the full inspection report.

### How we carried out this inspection

We undertook a focused desk top inspection at of Westrop Medical Practice on 30 August 2016. This was carried out to check that the practice had completed the actions they told us they would take to comply with the regulations we found had been breached during an inspection in March 2016. To complete this desk top inspection we:

- Reviewed records relevant to the management of the patient group directives.
- Spoke to the practice manager.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it safe?

# Are services safe?

## Our findings

When we inspected in March 2016 we found the safety systems and processes were not robust in the administration of vaccines and medicines in accordance with written instructions. Specifically not all the patient group directives were signed.

Following publication of our report of the inspection, the practice told us in their action plan of the changes they would complete and implement. Subsequently they provided us with evidence of the changes in management of patient group directives and copies of signed patient group directives. This included a detailed action plan and improvements made.

We undertook a desk based review on 30 August 2016 to review these systems and ensure the improvements had been completed. From our desk based inspection we found:

### Overview of safety systems and processes

- Copies of Patient Group Directions (PGDs) were held by the practice and we found these were all current. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- The nurses had been administering vaccines within the Nursing and Midwifery Council's Standards for Medicines Management.
- The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training when a doctor or nurse was on the premises. We found the practice recorded the authorisation for each patient in the patient's medical record.

### Monitoring risks to patients

We found that the practice had areas related to monitoring risks to patients, where they should improve.

We advised the provider that they should ensure a GP or nurse takes responsibility for the exemption of patients with long term conditions from national indicators for monitoring these conditions and review the number of patients identified as carers and seek to increase the numbers identified.

The practice had implemented a new system where before any patient is exception reported, the GP reviews the patients notes and checks that they have been contacted by phone as well as sending a letters before agreeing they can be exceptioned from long term condition reviews.

The practice reviewed how they identified carers and updated their website and waiting room to encourage carers to register, the practice held a monthly carers "cuppa" to encourage carers and offer support.