

Manor Field Surgery

Quality Report

Maltby Services 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

Overall rating for this service

Good



Are services safe?

Not sufficient evidence to rate



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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Field Surgery on 29 October 2015 and an announced focused inspection on 24 January 2017. After the January 2017 inspection we received concerns in relation to medicines management in the practice. As a result we undertook a focused inspection to look into those concerns on 5 December 2017. This report only covers our findings in relation to this topic. You can read the reports from our last inspections by selecting the 'all reports' link for Manor Field Surgery on our website at www.cqc.org.uk.

Our key findings were as follows:

- The provider had responded to concerns raised with them about medicines management. All systems relating to medicines management had been reviewed and improved in response to the concerns raised.
- The practice had reliable systems for appropriate and safe handling of medicines.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Manor Field Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

Background to Manor Field Surgery

Manor Field Surgery is situated within a purpose built surgery in a building known as Maltby Services Centre in Maltby, Rotherham. This was purpose built in 2008 and provides a joint service centre comprising of Local Authority offices, leisure facilities and NHS services. The surgery operates over two floors with all the patient facilities on the ground floor.

The practice provides Personal Medical Services (PMS) for 6,400 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are three GP partners, two male and one female. The nursing team comprises one nurse practitioner, two practice nurses and two health care assistants. The administration team comprises a practice manager, assistant practice manager and a team of administration and receptionist staff.

The practice reception hours are 8am to 6.30pm Monday to Friday. Surgery times are 8.30am to 11.45am and 3pm to 5.30pm Monday, Tuesday and Thursday and 8am to 11.45am and 3pm to 5.30pm Wednesday and Friday.

Are services safe?

Our findings

At this inspection we reviewed systems relating to medicines in response to concerns raised about medicines management in the practice. This report covers our findings in relation to those concerns.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. All systems relating to medicines management had been reviewed and improved in response to the concerns raised with them by an external agency prior to this inspection.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process in place to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- 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.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced.

- 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. However, we found staff had signed the monitoring records inappropriately on two occasions. The practice manager investigated this following our inspection and provided us with a report of their findings and the action taken in response.

Lessons learned and improvements made

The practice had responded to concerns raised with them about medicines management.

- The practice had completed an investigation, through their significant event reporting process, of the incident which had led to the concerns being raised. Learning from the investigation had been shared with all staff.
- The practice had carried out a thorough review of related policies and procedures and updated these where required.
- Staff training in the revised systems had been completed. Staff we spoke with were aware of their role and the changes made to systems and processes.
- The practice had worked with the CCG pharmacist to review patients' prescribed medicines and they had completed 1439 medicine reviews in the six months prior to the inspection. Patients prescribed high risk medicines had been prioritised for review.
- An improved system relating to patient requests for repeat prescriptions had been introduced to ensure patients were reviewed appropriately.
- The practice had also identified patients where medicines on repeat prescriptions had not been requested. These patients were to be reviewed prioritised according to the significance of the medicines prescribed. A protocol was to be developed to ensure a system was in place to manage this area more proactively in future.
- There was evidence a number of medicines audits had been completed to support the systems reviews and improvements made. However, these had not been formally recorded to enable the practice to provide evidence of learning and quality improvement over time.