

Severnbank Surgery

Inspection report

Tutnalls Street
Lydney
Gloucestershire
GL15 5PF
Tel: 01594 845715
www.severnbanksurgery.co.uk

Date of inspection visit: 24 January 2019
Date of publication: 22/02/2019

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

Are services safe?	
--------------------	--

Overall summary

We carried out an announced focused inspection at Severnbank Surgery on 24 January 2019, to follow up on a Warning Notice we issued following our previous inspection on 2 October 2018. We did not rate the practice as part of this inspection.

On 2 October 2018 we carried out an announced comprehensive inspection at Severnbank Surgery of our inspection programme. We revisited the practice again on the 9 October 2018 to gather some additional information. We found there were breaches in the regulations relating to safe care and treatment, receiving and acting on complaints and good governance. Following this inspection, we sent the practice a Warning Notice setting out why they were failing to meet the regulations relating to safe care and treatment and requiring them to become compliant with this regulation by 31 January 2019. The full report on the October 2018, inspection can be found by selecting the 'all reports' link for Severnbank Surgery on our website at

This report covers the announced follow up focused inspection we carried out at Severnbank Surgery on 24 January 2019, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements in relation to safe care and treatment.

At this inspection we found the practice had made significant changes and improvements to their systems and processes, and actions had been implemented to address the failings we itemised in the Warning Notice. For example:

- The practice had reviewed systems and processes to ensure emergency medicines were in date and easily accessible in the case of an emergency.
- Risks assessments had been carried out for the storage of hazardous substances.
- Fire drills had been undertaken and actions and learning identified for safely managing the situation in the event of a fire.
- The practice had reviewed systems in place for the processing of safety alerts. There were records in place to ensure actions taken were monitored and completed.
- Employed staff who required medical indemnity insurance had these in place.
- Quarterly meetings had been set up to review significant events and complaints to look for trends and whether they were appropriately dealt with.

In a few areas we found the new systems and processes where not yet fully embedded. Specifically:

- Systems had been introduced to ensure all Controlled Drugs (CDs) held in stock were accounted for from delivery to being issued to patients. However, the recording of these in the CD register were not always accurate.
- The practice had a process to review medicines dispensed in compliance aid boxes, however, we saw one medicine that had been packed in its original wrapping foil.
- There was no evidence that Patient Specific Directions (PSDs) were authorised in line with guidelines. (PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- Dispensing errors that reached patients were recorded and investigated but the dispensary did not have a process to record near-miss errors to promote learning and minimise the chances of similar errors occurring again.
- Recruitment checks had been carried out appropriately for employed staff. However up to date information was not available for locum GPs. For example, an up to date disclosure and barring service check (DBS), that they were registered with the appropriate registration body, and they had the appropriate medical indemnity insurance.
- Systems were in place for the monitoring of blank prescriptions forms. However, we found there were discrepancies in the records for blank prescription forms. Handwritten prescriptions pads were not tracked.

The practice remains in continued breach of regulations due to further actions required to ensure improvements continue to be made and embedded. Therefore, areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in safe way.

The areas where the provider **should** make improvements are:

- Review systems so that near miss errors in the dispensary are recorded and learning implemented to minimise the chances of similar errors occurring again.

Overall summary

- Review systems in place for the monitoring of blank prescription forms and implement system for the monitoring of handwritten prescription pads.
- Take actions so that access to medicines that requires refrigeration is restricted to authorised staff only.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC Medicines Team.

Background to Severnbank Surgery

Severnbank Surgery is located in Lydney in the Gloucestershire area. The practice provides its services from a purpose-built building to approximately 3,900 patients under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice provided its services from the following address:

Severnbank Surgery

Tutnalls Street

Lydney

Gloucestershire

GL15 5PQ

Information about the practice can be obtained through their website at:

The practice has two GP partners of whom one is male and one is female. The practice employed three practice nurses, a healthcare assistant, a phlebotomist and three dispensers (all female). The practice management team include a practice manager, an administration manager, two medical secretaries, a cleaner and 4 receptionists.

The practice was able to offer dispensing services to those patients on the practice list who lived more than

one mile (1.6km) from their nearest pharmacy. There were two dispensers employed by the practice. One of the dispensers also undertook phlebotomy and the other also undertook reception duties.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice shows the practice is in the fifth least deprivation decile on a scale of one to 10 with 10 being the least deprived. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 78 and 85 years, which is in line with the national average of 79 and 83 years respectively.

The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Maternity and midwifery services.
- Surgical Procedures.
- Family Planning.

When the practice is closed and at weekends the out of hours GP cover is provided by CareUK which patients can access via NHS 111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: <ul style="list-style-type: none">• The recording of Controlled Drugs register was not always accurate and legible.• One medicine that had been dispensed was not appropriate to be included in medicine compliance aid boxes.• There was no evidence that Patient Specific Directions had been authorised in line with current guidelines. Up to date information for locum staff had not been obtained by the practice.