

Shere Surgery/Dispensary

Quality Report

Shere Surgery
Gomshall Lane
Shere
Guildford
Surrey
GU5 9DR

Tel: 01483 202066

Website: www.sheresurgery.nhs.uk

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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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 16 October 2014. Breaches of legal requirements were found in relation to the safe management of medicines and cleanliness and infection control. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements. We undertook this focused inspection on 16 October 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

Our previous report also highlighted areas where the practice should improve:-

- Consider monitoring the room temperatures where medicines are stored

Our key findings across the areas we inspected for this focused inspection were as follows:-

- Blank prescription forms were handled in line with current guidance from NHS Protect.
- All controlled drugs were stored appropriately in line with the practice's procedures
- The practice no longer supported arrangements patients made themselves for the remote collection of dispensed prescriptions.
- All modesty covers were single use only.
- An audit of infection control had been undertaken and the practice had arrangements in place to ensure this was undertaken on an annual basis.

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 now rated good for delivering safe services

At our last inspection we found that some systems and processes to address risks were not always implemented well enough to ensure patients were kept safe. For example, arrangements for printing, storing and recording blank prescriptions were not always in line with current guidance from NHS Protect on the security of prescription forms. The practice also needed to ensure that controlled drugs were stored appropriately in line with its own procedures. Secure and safe arrangements needed to be put in place for the remote collection of dispensed prescriptions. The practice had not undertaken regular audits of infection control and covers used for patients during examinations were not always single use and disposable.

At this inspection we found that the practice had implemented policies and procedures to ensure the proper and safe management of medicines. The practice had undertaken an audit of infection control and all patient modesty covers had been replaced with single use items.

Good



Shere Surgery/Dispensary

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC General Practice Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

16 October 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Breaches of legal requirements were found. As a result we undertook a focused inspection on 16 October 2015 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Medicines Management

At our last inspection we found that blank prescription forms for printing were stored securely, and serial numbers were recorded on receipt. However, we saw that some blank prescription forms, pre-printed with the surgery details, were kept in an unlocked drawer in the dispensary and we were told by dispensary staff that it was not recorded if these were taken by doctors for their home visits or practice rooms. This is not in line with current guidance from NHS Protect on the security of prescription forms.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were not always followed by the dispensary staff. For example, the stocks of controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely, but the procedure for returned medicines was not being followed and these medicines were not being stored appropriately. There were arrangements in place for the destruction of controlled drug.

At this inspection we saw evidence that the practice had implemented robust procedures to ensure the security of prescription forms. We saw records and physical evidence that showed that both blank prescription forms for use in

printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We also saw evidence that the practice had re-enforced the practice protocol for managing stocks of controlled drugs with the dispensary staff. We saw record to show that staff were consistently following the protocol which ensured that the stocks of controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. We also saw that the procedure for returned medicines was being followed and these medicines were being stored appropriately.

Infection Control

At our last inspection we found that the practice had not undertaken an audit of infection control during the last year. We also noted that the practice used blankets to cover patients during examinations. We were told these were washed once a week. However, all covers used for patient examinations should be single use and disposable to prevent cross infection.

At this inspection we saw evidence that the practice had undertaken an audit of infection control and that no areas had been identified for improvement. The practice had put arrangements in place to ensure that an audit was undertaken on an annual basis. We also saw evidence that the practice had removed all of the blankets that had previously been used as patient modesty covers. We saw that these had been replaced with single use items.