

Oakfield Surgery

Quality Report

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Suffolk

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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

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 at Oakfield Surgery on 2 June 2016. The overall rating for the practice was good, with requires improvement for providing safe -services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Oakfield Surgery on our website at www.cqc.org.uk.

We undertook this desk-based focused inspection to check that they had followed their plan and to confirm that they now met legal requirements in relation to the breach identified in our previous inspection on 2 June 2016. This report only covers our findings in relation to those requirements.

Overall the practice is rated as good. However, on the inspection on 2 June 2016, there were areas of practice where the provider needed to make improvements.

We found that the provider must:

- Ensure that all medical devices and dressings available for use were within expiry dates.

In addition, we found that the provider should:

- Improve and embed processes for reporting, recording, acting on and monitoring incidents and verbal complaints to ensure reflective practice and shared learning.
- Review the national screening programmes for bowel and breast cancer screening data and develop a strategy to encourage patients to attend.

At this inspection we found evidence that the practice had systems in place to ensure that medical devices and dressings available for use were within expiry dates, and therefore the practice is now rated as good for providing safe services, and good overall.

- The practice had clear, structured meetings to discuss significant events and near misses and ensured learning points were cascaded to the appropriate members of staff via email or face-to-face meetings. The meeting minutes reviewed were detailed and reflected this.
- The practice reported that they had enlisted the help of a health professional engagement facilitator from Cancer Research UK to assist with the recall system. They were using a demonstration kit for bowel screening and GP's were encouraging bowel screening during consultations. The practice

Summary of findings

reported there were more leaflets in the waiting area, as well as information on the screen in the waiting area. The practice had a nurse-led recall system in place and sent text messages to patients due for a

screen. They also had an alert on system one when patients were due for a screen and non-respondents were called by a nurse, with additional GP assistance if required.

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?

At the last inspection on 2 June 2016 we found that:

- There were devices including syringes, needles and dressings that were available for use were not within their expiry dates. These were removed immediately by the practice on the day of inspection.
- The staff were aware of their responsibilities to raise concerns and knew how to report significant events. However, we were concerned learning was not cascaded down to all members of staff and meeting minutes did not show sufficient detail of discussions and lessons learnt.
- The national screening programmes for bowel and breast cancer screening data showed low uptake compared to national and CCG averages.

Our focused inspection on 25 January 2017 found that:

- The practice had implemented a clear protocol for the monitoring and recording of stock management. They were able to evidence spreadsheets which included the equipment checked, expiry dates and completed monthly stock checks.
- The practice had clear, structured meetings to discuss significant events and near misses and ensured learning points were cascaded to the appropriate members of staff via email or face-to-face meetings. The meeting minutes reviewed were detailed and reflected this.

This report should be read in conjunction with the full inspection report from 2 June 2016.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Summary of findings

Oakfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC lead inspector.

Background to Oakfield Surgery

Oakfield Surgery provides a range of medical services to approximately 7000 patients and provided these services to patients living in 24 nearby villages. The practice is in the NHS West Suffolk CCG (Clinical Commissioning Group).

The practice holds a General Medical Services (GMS) contract to provide GP services. The practice dispenses medicines to some patients. Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patient's people is lower than the England average. The practice has a lower number of older patients and a higher number of patients aged 30 to 50 years.

The practice has a team of four GPs meeting patients' needs. These GPs (two male and two female) are partners and they hold managerial and financial responsibility for the practice. There are two female advance nurse practitioners, three female practice nurses, and a female

Phlebotomist. There is a practice manager, a dispensary manager and a dispenser. A team of six reception/administration staff and an office manager support the practice manager.

Patients using the practice have access to a range of services and visiting healthcare professionals. These included midwives, a diabetic specialist nurse, and a community mental health nurse.

Appointments are available Monday to Friday from 8.30am to 6.30pm. With extended hours offered on Wednesday evening between 6.30pm to 8.30pm. Outside of practice opening hours the patients contact 111 for an emergency service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

Why we carried out this inspection

We undertook a comprehensive inspection of Oakfield Surgery on 2 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with requires improvement for providing safe services. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Oakfield Surgery on our website at www.cqc.org.uk.

As a result of the last inspection on 2 June 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. This was because the practice had medical devices and dressings that were past their expiry date. Furthermore, the processes for reporting, recording, acting on and monitoring incidents and verbal complaints to ensure reflective and shared learning was limited. Additionally, the uptake numbers for national screening programmes for breast and bowel cancer screening data was low compared to local CCG and national average.

Detailed findings

How we carried out this inspection

We spoke with the practice manager and a GP and reviewed the information received from the practice.

We have not revisited Oakfield Surgery as part of this review because the practice was able to demonstrate they were meeting the standards without the need for a visit.

We carried out a desk-based review on 25 January 2017.

Are services safe?

Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing safe services as we found medical devices and dressings that were available for use that were not within the expiry date.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The practice is now rated as good for providing safe services. We found improvements were needed in relation to safe care and treatment at our last inspection on 2 June 2016.

- There were devices including syringes, needles and dressings that were available for use that were not within their expiry dates on the emergency trolley and in treatment rooms. This posed a risk to patients. These were removed immediately by the practice on the day of inspection.
- The staff were aware of their responsibilities to raise concerns and knew how to report significant events. However, we were concerned that this was not embedded into the culture of the practice and that learning was not cascaded down to all members of staff. The minutes of meetings did not show sufficient detail of discussions, agreed actions and lessons learnt to assure us that learning was shared to encourage improvement.

Our focused inspection on 25 January 2017 found that:

- The practice had implemented a clear protocol to manage the stock checking of medical equipment, needles, syringes and face masks. They were able to evidence regular, monthly checks via an excel spreadsheet checklist that had the name of the device or medical equipment, and which was dated and signed. The practice had implemented a nurse-led structure for the checklist and was able to evidence that stock now in use was within expiry date. The nurse had also implemented a new restocking procedure, whereby new stock was placed at the back of the shelf, rather than the front.
- The practice reported that they were discussing all significant events, complaints and compliments at team meetings and were emailing the minutes to all members of staff. The practice manager would also give face to face feedback to specific members of staff, if required. The practice were able to evidence this through the team meeting minutes which showed a clear agenda, a discussion and any learning and action points which showed learning was shared to encourage continuous improvement.