

# Riversdale Surgery

## Quality Report

51 Woodcroft Road

Wylam

Northumberland

NE41 8DH

Tel: 0191 567 5571

Website: [www:riversdalesurgery.co.uk](http://www.riversdalesurgery.co.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 at Riversdale Surgery on 15 November 2016. The overall rating for the practice was good. However, we rated the practice as requires improvement for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Riversdale Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced focused inspection on 30 May 2017, to confirm the practice had carried out their plan to meet the legal requirement in relation to the breach in regulation that we had identified in our inspection, on 15 November 2016. This report covers our findings in relation to that requirement.

Overall the practice is rated as good. Our key findings from this inspection were as follows:

- The provider had complied with the requirement notice we set following our previous inspection visit. In particular, we found that there were suitable arrangements for the proper and safe management of medicines, and these helped to make sure care and treatment was provided to patients in a safe way.

**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.

- Since our previous inspection, the provider had taken action to address the breach of legal requirement we found during our previous inspection. For example, the Patient Specific Directives and Patient Group Directions we checked complied with national guidance. Staff followed the practice's policy for ensuring medicines were stored at the required temperatures and prescription pads were stored securely, in line with national guidance.

**Good**



# Riversdale Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a CQC lead pharmacist inspector.

## Background to Riversdale Surgery

Riversdale Surgery provides care and treatment to 6,008 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Northumberland Clinical Commissioning Group (CCG) and provides care and treatment to patients living in the Wylam and Prudhoe areas. The practice covers a large geographical area, extending into Gateshead. We visited the following location as part of the inspection:

- Riversdale Surgery, 51 Woodcroft Road, Wylam, Northumberland, NE41 8DH.

The main practice in Wylam is a dispensing surgery which means they can, if they meet certain criteria, supply eligible patients with medicines directly. There is also a branch surgery located at: Oaklands Medical Centre, Front Street, Prudhoe, Northumberland, NE42 5DQ.

The practice serves an area where deprivation is lower than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice had a higher proportion of older patients compared to the national average (25.3% compared to 16.7%). The percentage of people with a long-standing health condition is below the England average, but the percentage of people with caring

responsibilities is above. Life expectancy for women is higher than the England average, but lower for men. National data showed that 1.3% of the population are from non-white ethnic groups.

The main surgery occupies premises that have been adapted to meet the needs of patients with disabilities. There are consultation and treatments rooms on both the ground and first floors. The branch surgery, at the Oaklands Medical Centre, occupies a building which has recently been converted. The health centre also houses community based healthcare staff, such as midwives and health visitors.

The practice has three GP partners (all male) and a salaried GP (female). They are an approved training practice, and there was a GP registrar (trainee doctor) on placement at the time of our visit. The practice also had: a practice nurse (female), one healthcare assistant (female), two dispensers (female) and a team of administrative and reception staff. The practice intends to recruit a second healthcare assistant.

The main surgery at Wylam is open Monday to Friday between 8am and 6pm, except for Wednesdays, when they are closed between 12pm and 1pm, for staff training. The branch surgery is open Monday, Tuesday, Wednesday and Friday between 8am and 6pm, and on Thursdays between 8am and 12pm. The branch surgery is closed each weekday, apart from Thursday, between 12:30 and 1:30pm. Both sites are closed at the weekends.

The GP appointment times are:

At the main surgery: Monday: 8:30am to 11:10am and 3:30pm to 5:20pm; Tuesday: 8:30am to 11am and 2:30pm to 4:10pm; Wednesday: 9:30am to 11am and 3pm to 5:20pm; Thursday: 8:30am to 11am and 1:20pm to 3:20pm; Friday: 8:05am to 10:40am and 3:30pm to 5:20pm.

# Detailed findings

At the branch surgery: Monday: 8:30am to 11:10am and 3:30pm to 5:20pm; Tuesday: 8:30am to 11am and 3:30pm to 5:20pm; Wednesday: 9:40am to 11:20am and 2:10pm to 3:50pm; Thursday: 8:05am to 10:50am; Friday: 8:30 to 11:30am and 3:20pm to 5:20pm.

When the practice is closed patients can access out-of-hours care via Vocare, known locally as Northern Doctors Urgent Care, and the NHS 111 service.

## Why we carried out this inspection

We undertook a follow up comprehensive inspection on 15 November 2016 and rated the practice as good overall. However, we rated the practice as requires improvement for providing safe services, and we set a requirement notice in relation to medicines management. The full comprehensive report for the inspection on 15 November 2016 can be found by selecting the 'all reports' link for Riversdale Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up, focused inspection 30 May 2017. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care and to confirm the practice was now meeting the legal requirement in relation to medicines management.

## How we carried out this inspection

Before undertaking this focused, follow up inspection, we reviewed a range of information that we held about the practice. As part of the inspection we:

- Visited the Riversdale Surgery, on 30 May 2017.
- We spoke with staff that were involved with, or had responsibility for, the management of medicines.
- We looked at records the practice maintained in relation to the provision of services.

# Are services safe?

## Our findings

### Overview of safety systems and processes

At our previous inspection, on 15 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements for managing the dispensary were not fully satisfactory.

During this follow up inspection, on 30 May 2017, we found these arrangements had significantly improved. The practice is now rated as good for providing safe services.

- On the 15 November 2016, we identified staff had not carried out regular balance checks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). During this inspection, we found the practice held stocks of controlled drugs and had in place standard procedures that set out how they were managed. We reviewed the controlled drugs registers and found regular balance checks had been carried out and accurate records had been maintained.
- On the 15 November 2016, we identified the temperature of the medicines refrigerator in the dispensary was not always recorded on a daily basis, and no action had been taken when the temperature exceeded the recommended temperature of eight degrees. We also found the thermometer in the dispensing refrigerator could not be reset and this was not consistent with national guidance. Shortly after the previous inspection, the practice disposed of the dispensary refrigerator. During this inspection, we found staff had transferred dispensary stock to other refrigerators within the practice immediately following our previous inspection. We saw that medicines were stored in the refrigerator in the nurse treatment room, and that the temperature of the refrigerator was recorded, in line with national guidance.
- On the 15 November 2016, we identified blank prescription forms were not always handled in accordance with national guidance. During this inspection, we found all prescription forms were stored safely. Staff we spoke with could clearly demonstrate how the new process for storing these worked.
- On the 15 November 2016, we identified near-misses (dispensing errors that have been identified before the medicines have left the dispensary) were not being logged as incidents and investigated. During this inspection, we found near-misses, including those which had been picked up by the dispensary's accuracy scanner, were now being logged as incidents and investigated so that staff could take action to prevent their reoccurrence.
- On the 15 November 2016, we found the responsible person at the practice had not authorised some Patient Group Directions (PGDs) prior to their use. (PGDs are written instructions to help qualified healthcare professionals supply or administer medicines to patients, usually in planned circumstances). In addition, the practice was not able to provide us with the relevant Patient Specific Directive (PSD) paperwork for two patients who had been administered a vaccine by a health care assistant the day prior to our inspection. (A PSD is a written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). During this inspection, we found nurses and health care assistants were using directions that had been produced in accordance with legal requirements and national guidance regarding the administration of vaccines. We reviewed ten PGDs that were in use and found all were appropriately authorised. The practice had also introduced a new system for authorising the administration of medicines to individual patients who had been assessed by a GP as suitable. We saw evidence of this for two patients whose records we looked at.