Langport Surgery

Inspection report

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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 location	Good
Are services safe?	**Good**

Overall summary

This practice is rated as Good overall. (Previous rating March 2018 – Overall Good, with the domain of Safe as requires improvement).

This was because:

Regulation 12, There was evidence that safe care and treatment was not being provided. In particular:

- there was not a safe system for the management of prescription paper

And there were a small number of areas in the domain which the provider should improve:

- The infection control policy and procedure did not provide staff with sufficient information in regard to the management of outbreaks of communicable diseases.
- Infection control audits did not show that where issues were identified and actions raised to rectify concerns, there was no detail these actions had been completed.
- The system for regular monitoring patients prescribed high risk medicines was not implemented fully. Patients may not have had the appropriate checks at the correct time.
- The system for receiving and acting on safety alerts was working well within the dispensary, and was shared and acted upon, but detail of other alerts received were not recorded and managed in the same way.

In addition, we followed up on:

- The overarching training record for staff was incomplete and did not reflect the training that staff had undertaken.
- There was a potential that unauthorised people had access to paper records held at the practice.

The key question at this inspection was rated as:

Are services safe? – Good

We carried out an announced focused inspection at Langport Surgery on 27 November 2018. We reviewed the areas of concern and followed up on the areas of improvement the provider should have put in place following the comprehensive inspection in March 2018.

At this inspection we found for the domain of Safe:

- A safe system for the management of the prescription paper had been implemented with detailed auditable record keeping.
- The infection control policy and procedure had been updated and included guidance to staff regarding the management of outbreaks of communicable diseases.
- The infection control audit document had been reviewed and updated to include recording when actions had been completed.
- There was a system for the regular review of patients on high risk medicines.
- The provider had implemented a whole practice system for monitoring and acting upon safety alerts.

The actions taken to improve other areas were:

- An overarching training record was in place to ensure the provider had good oversight of staff training so they could monitor that staff were effectively trained and skilled to carry out their roles.
- Systems were in place to reduce the risk that unauthorised people could not access patient's paper records.

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

- The provider should continue with ensuring the safety and monitoring the use of prescription pads in line with NHS England's Management and control of prescription forms 2018 guidance.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

This inspection was carried out by a CQC inspector.

Background to Langport Surgery

Langport Surgery is situated in the rural town of Langport, Somerset. The practice supports approximately 12,650 patients including those patients from the outlying villages of Muchelney, Curry Rivel, Long Sutton, Somerton and Burrow Bridge. The practice provides care and support to patients residing in nursing and care homes in the area. The practice is located in purpose built premises on one level, providing easy wheelchair access.

The practice provides services through a general medical service (GMS) contract with Somerset Clinical Commissioning Group. The practice is able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

Regulated Activities are provided from one location Langport Surgery, North Street, Langport, Somerset, TA10 9RH.

The practice age profile of patients is consistent with local and national profiles, with slightly higher proportion of patients aged over 65 years (29% compared with the local clinical commissioning group average of 24%); and both male and female life expectancy were consistent with local averages. The index of multiple deprivation placed the practice in the seventh decile (the fourth least deprived classification). 1.2% of patients were from black or minority ethnic (BME) groups.

The practice consisted of five GP partners, four male and one female; and employed one salaried GP. The GPs were supported by two nurse practitioners and an urgent care nurse; a team of five practice nurses, three Health Care Assistants (HCAs) and an apprentice HCA. The practice was a training practice with up to two GP trainees at any one time. The dispensary has a manager and a lead dispenser, supported by a team of dispensers and dispensary assistants. The clinicians were supported by a practice manager, office manager, finance officer and reception and administration teams.

When the practice was closed patients could access an out of hour's service via NHS111.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Good

Are services safe?

We rated the practice as good for providing safe services.

Previously we identified the following concerns:

Regulation 12, There was evidence that safe care and treatment was not being provided. In particular:

- there was not a safe system for the management of prescription paper

And there were a small number of areas identified which the provider should improve regarding aspects of infection control management, the monitoring of patients on high risk medicines, and the system for receiving and acting upon safety alerts.

At this inspection we saw patients were kept safe, this is because they had put steps in place to rectify the concerns found at the previous inspection in March 2018.

Safety systems and processes

The practice had clear systems to keep patients safe.

- There was an effective system to manage infection prevention and control (IPC). Changes had been made to the infection control policies and procedures including the addition of information to assist staff with an outbreak of communicable diseases. Additions had been made to the infection control audit tool to show that where actions had been identified there was a record to confirm these had been completed and by whom. This was then reviewed by the practice manager and acknowledged they were completed.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment reduced the potential of risks to patients. Practice staff had implemented effective changes to improve prescription paper security swiftly following the last inspection in March 2018. We saw that they had reviewed and updated their systems in October and had enhanced their oversight and monitoring of prescription paper throughout the practice and the dispensary. The dispensary staff monitored use of prescription paper movement ensuring prescription paper was dispersed and collected at the beginning and end of the working day. They had implemented a safe system for locum staff to ensure they understood and followed safe procedures. We discussed the use of prescription pads, their rare use when GPs went out on home visits, and their current safety systems in place for monitoring their use. Although stored in a secure place they were rarely used there was not an active audit check or recorded system for the prescription pads held. Following this inspection, we were informed the practice partners had discussed the issue and a system of monitoring, logging when they were removed and returned to the practice, had been instigated.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. A new policy and procedure for the management of patients on long term medicines was developed following the previous inspection in March 2018 where it was identified that there was a risk that patients were being missed for regular reviews. They had implemented a system of monthly searches of patient records to identify those patients prescribed high risk medicines, a series of prompt letters had been developed to send to patient to remind them to attend for blood tests and review appointments. If they did not respond patients were 'flagged' to GPs and protocols were set up with dispensary staff before repeat prescriptions were authorised.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The practice had instigated a system following the previous inspection for monitoring all safety alerts including non-dispensary alerts so that there was a comprehensive oversight of what had been received in to the practice, who the alert had been distributed to and what actions they had taken. Information was available to show that alerts were a regular part of discussions at staff meetings and ongoing monitoring was reviewed.

Please refer to the evidence table for further information.