

# Didcot Health Centre Practice

## Quality Report

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Date of inspection visit: We have not revisited Didcot Health Centre Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.  
Date of publication: 07/04/2017

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 Didcot Health Centre Practice on 6 July 2016. The practice was rated as requires improvement for providing safe services and the overall rating for the practice was good. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Didcot Health Centre Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 10 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had improved their communication of learning and actions taken following significant events. All staff had access to an update on the computer system and "practice education points" were discussed at team meetings.

- The practice had reviewed the cold chain policy, fridge temperature recording and ensured vaccine safety was maximised.
- The practice had reviewed their prescription security protocols to ensure blank prescriptions were securely stored.
- The practice had reviewed the storage of an emergency medicine used to treat low blood sugar. They had ensured it was stored correctly and all staff knew of its location.

The practice had reviewed their carers support and updated their carers' notice board to highlight areas where support was available. One of the non-clinical staff had undertaken training to support carers and the practice were facilitating the Alzheimer's support group once per month.

**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 are rated as good for providing safe services:

- The practice had improved their communication of learning and actions taken following significant events. All staff had access to an update on the computer system and “practice education points” were discussed at team meetings.
- The practice had reviewed the cold chain policy, fridge temperature recording and ensured vaccine safety was maximised.
- The practice had reviewed their prescription security protocols to ensure blank prescriptions were securely stored.
- The practice had reviewed the storage of an emergency medicine used to treat low blood sugar. They had ensured it was stored correctly and all staff knew of its location.

Good



# Didcot Health Centre Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review was carried out by a CQC inspector.

## Background to Didcot Health Centre Practice

Didcot Health Centre Practice provides primary medical care services to more than 17500 patients in Didcot and the surrounding villages of semi-rural Oxfordshire. The practice area has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. The population is predominantly white British with only 2.5% registered patients being of Asian descent, just over 1% of mixed race background and 1% originating from other non-white ethnic groups. There is a larger than average population of young patients (from birth to four years) and working age adults (up to age 60) with a lower number of older working patients and elderly (60 to 75+). Employment is high in the area with very low unemployment figures reported.

The practice has 11 GP partners (three male, eight female) and one salaried GP (female). The GPs offer 66 sessions per week between them which equates to a whole time equivalent (WTE) of 7.4 full time GPs. There is also a regular locum GP (female) and two GP ST3 trainees (a GP ST3 trainee is a qualified doctor who is undergoing their final year of study and exams to become a GP). The nursing team consists of an Advanced Nurse Practitioner (female), a Practice Nurse Team Leader (female), six practice nurses (all female) and two healthcare assistants (both female). There are 6.1 WTE full time nurses.

The practice is supported by a practice manager, a personal assistant, a data quality manager, a finance assistant, an administration and secretarial manager, a secretary, six administration staff, two summarisers, four reception team leaders and eleven receptionists.

Didcot Health Centre Practice is located in a purpose built, two storey building in a semi-rural area. There is ample parking available and designated disabled parking spaces. The entranceway has automatic entrance doors which lead to the reception and waiting room area. There are ten GP consultation rooms and four nurse treatment rooms which are accessible from the waiting area on the ground floor. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.

Didcot Health Centre Practice is open between 8am and 6.30pm Monday to Friday. Appointments vary daily depending on the GP available. Morning appointments start from 8am to 8.30am and finish between 12pm and 12.30pm. Afternoon appointments commence between 2.30pm and 3pm and finish between 5.10pm and 5.40pm. Extended hours appointments are offered on Mondays and Thursdays from 6.30pm until 7.30pm and alternate Saturdays from 9am to 12pm.

Out of hours cover is provided through the NHS 111 telephone service.

All services are provided from:

Britwell Road, Didcot, Oxfordshire, OX11 7JH

## Why we carried out this inspection

We undertook a comprehensive inspection of Didcot Health Centre Practice on 6 July 2016 under Section 60 of

## Detailed findings

the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services and rated good overall. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Didcot Health Centre Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based inspection of Didcot Health Centre Practice on 7 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of Didcot Health Centre Practice on 7 March 2017. We reviewed documents and information sent to us by the practice that demonstrated;

- Significant events were being shared amongst the practice staff to ensure learning and actions were disseminated in a timely manner.
- The practice had stored an emergency medicine correctly.
- Policies and procedures relating to cold chain and prescription security had been reviewed and updated.

# Are services safe?

## Our findings

At our previous inspection on 6 July 2016, we rated the practice as requires improvement for providing safe services, as the arrangements for dealing with a cold chain breach were not adequate. We also found the sharing learning from serious incidents was not shared in a timely way and actions undertaken were not documented clearly. Prescriptions were not monitored or tracked to ensure security and an emergency medicine for low blood sugar was not stored according to guidelines.

These arrangements had improved when we undertook a follow up inspection on 10 March 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

The practice had improved their system of communication for significant event learning and actions. They had developed a practice education point (PEP) system to share information on their computer system. This system allowed all staff to access the key areas raised and any immediate actions required. The PEP issues raised were then discussed at regular team meetings for further sharing of learning.

### Overview of safety systems and process

The practice had reviewed and updated their cold chain policy and discussed this with the nursing team.

Designated staff had drawn up a rota to ensure fridge temperature checks were undertaken daily and during periods of staff leave. The practice sent us their fridge temperature log for February 2017. This was completed during days when the practice was open and no breaches of the cold chain was in evidence. (Cold chain breach refers to temperatures recorded outside the safe parameters of between two and eight degrees Celsius, which could affect vaccine safety and efficacy).

The practice had reviewed their prescription security protocols and identified areas for action. They had devised a system of checking and logging prescriptions assigned to each GP or prescriber. Unused prescriptions assigned to each GP were stored securely overnight. Staff were reminded to ensure their clinical room was locked when they left it to maintain prescription security during working hours.

### Arrangements to deal with emergencies and major incidents

The practice had reviewed the storage of an emergency medicine used to treat hypoglycaemia (low blood sugar). The practice kept the medicine in one of the practice fridges and had made a note on the check list so it was included in checks of emergency medicines. Staff were made aware of the storage arrangements so they knew where to locate them in an emergency.