

Morthen Road Group Practice

Quality Report

Morthen Road Surgery
Wickersley
Rotherham
S66 1EU

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Date of inspection visit: 19 April 2017

Date of publication: 02/06/2017

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 Morthen Road Group Practice on 16 May 2016. The overall rating for the practice was good but with requires improvement for safety. The full comprehensive report for the 16 May 2016 inspection can be found by selecting the 'all reports' link for Morthen Road Group Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 19 April 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 16 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Improvements to meet regulations had been made since our last inspection on 16 May 2016. Our key findings were as follows:

- The Department of Health guidance February 2015 relating to blinds and blind cords had been implemented to minimise the risk of serious injury due to entanglement.

- Records of stock checks of medicines to ensure they were fit for use as recommended in current guidance had been implemented.
- Systems to handle blank prescription forms had been improved in accordance with national guidance.
- The facilities for handwashing had been improved to minimise the risk of cross infection.
- An infection prevention and control (IPC) risk assessment and audits had been completed and action plans had been developed.

Additionally the practice had also made the following improvements:

- Records of controlled drugs had improved and were in line with the relevant legislation.
- Medicines standard operating procedures had been signed by relevant staff.
- Distribution of medical alerts had been improved to ensure dispensary staff were kept up to date.
- The decontamination and hand hygiene procedure had been reviewed and updated and were now practice specific.
- The roles of dispensing staff and work streams in the dispensary had been reviewed and improved.
- The business continuity plan was accessible for staff.
- Medical gas warning signs had been provided on the door to the room used for storage of liquid nitrogen at Ravensfield Surgery.

Summary of findings

- The practice had also completed patient surveys in response to concerns raised by the inspector just prior to this inspection about telephone access to the practice. The survey was mainly positive but they were going to use this information to review this area.

The practice should make improvements in the following areas:

- Review and improve effectiveness of management monitoring procedures in the dispensary and for checks of emergency medicines to ensure the practice policies and procedures are consistently and effectively implemented.
- Update and share the standard operating procedure to govern stock check activity with dispensary staff.

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?

Improvements to meet regulations had been made since our last inspection on 16 May 2016. The practice is now rated as good for providing safe services. Our key findings at our inspection on 19 April 2017 were as follows:

- The Department of Health guidance February 2015 relating to blinds and blind cords had been implemented to minimise the risk of serious injury due to entanglement.
- Records of stock checks of medicines to ensure they were fit for use as recommended in current guidance had been implemented.
- Systems to handle blank prescription forms had been improved in accordance with national guidance.
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The practice should improve the following areas:

- Review and improve effectiveness of management monitoring procedures in the dispensary and for checks of emergency medicines to ensure the practice policies and procedures are consistently and effectively implemented.

Good



Summary of findings

- Update and share the standard operating procedure to govern stock check activity with dispensary staff.

Morthen Road Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to Morthen Road Group Practice

Morthen Road Group Practice has been in operation since the late 1970s. It moved to its present location in a renovated three storey office block in 1995. It has two branches Braithwell Surgery, Old School House, High Street, Braithwell, Rotherham, S66 7AU and Ravenfield Medical Centre, 8 Hollings Lane, Ravenfield, Rotherham, S65 4PU. We visited all three sites during this inspection.

The practice acquired Braithwell, a small converted single floor building, in 1981 which is situated in the centre of a small village. There is a dispensary at the Braithwell site which serves approximately 2000 patients.

The practice acquired Ravenfield Surgery in 1990. This is a purpose built, single storey, building with a large treatment room and minor operation suite. Patients throughout the practice requiring minor surgical procedures visit Ravenfield Surgery for this purpose.

The practice provides General Medical Services (GMS) for 11,450 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. They have a higher than average 40 to 80 year old age group and are located in the 3rd least deprived area nationally.

There are six GP partners, two female and four male. Two of the partners are in the process of registration with the CQC.

The practice employs a female salaried GP, four practice nurses and three healthcare assistants. Two practice nurses offer nurse triage and appointments for minor illnesses.

The practice is currently restructuring their management team to provide a practice manager, finance manager and information governance manager. The practice has employed the services of a business manager to support and facilitate these changes. There are two medical secretaries, administration team and a team of reception staff are also employed. There is a head receptionist at both Morthen Road and Ravenfield Surgeries.

Morthen Road surgery is open between 8am and 6.30pm, Monday to Friday and there are extended hours until 8.30 pm on a Wednesday.

Ravenfield is open 8am to 6pm except Tuesdays when it is open 8am to 2pm.

Braithwell is open 8am to 12pm Monday, Wednesday and Friday and 3.30pm to 6pm Tuesday and Thursday.

When the Ravenfield and Braithwell sites are closed, telephone calls are automatically passed through to the main site at Morthen Road, Wickersley. When all surgeries are closed patients are advised to call NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Morthen Road Group Practice on 16 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall but with requires improvement for safety. The full

Detailed findings

comprehensive report following the inspection on 16 May 2016 can be found by selecting the 'all reports' link for Morthen Road Group Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Morthen Road Group Practice on 19 April 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

During our visit we:

- Spoke with a range of staff (Business manager, trainee practice manager, and finance manager, a GP partner, dispensing staff, reception staff and senior nurse).
- Observed how patients were being cared for in the reception area.
- Visited all the surgeries.
- Looked at the management information and records the practice used.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 16 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of management of medicines and blank prescription forms, health and safety and infection prevention and control were not adequate.

These arrangements had improved when we undertook an inspection on 19 April 2017.

Improvements to meet regulations had been made since our last inspection on 16 May 2016 although we found some areas which required further review and additional management monitoring. Our key findings were as follows:

- At our last inspection on the 16 May 2016 we found routine checks of stock medicines to ensure they were fit for use as recommended in current guidance were not completed, and there was no standard operating procedure (SOP) to govern this activity.
- At our inspection on 19 April 2017 we found stock checks had been implemented with regular monthly checks of medicines due to expire and full quarterly checks of all medicines in stock. Records of the checks and actions taken were maintained. However, we found the SOP to govern this activity had not been made available to dispensing staff who carried out these checks. We also found the SOP was not up to date.
- At our last inspection on the 16 May 2016 we found the temperature of fridges used for storage of medicines requiring refrigeration was not recorded every day as per national guidance. Some records showed temperatures outside of the recommended range and no action had been taken or recorded.
- At our inspection on 19 April 2017 we found the management of fridge temperatures for fridges containing vaccines was undertaken by the practice nurses. Records for these checks had been consistently maintained. Where the temperatures had been recorded as outside the recommended range actions had been recorded. However, the management of fridge temperatures for other medicines held in the dispensary fridge at Braithwell surgery was the responsibility of dispensing staff. We observed the temperature of this fridge had not been completed consistently on a daily basis having only been completed two to three times per week most weeks. Dispensing staff were aware the temperatures should be recorded daily. Data loggers, (equipment which continuously monitored the fridge temperatures) had been provided and results had been regularly reviewed to ensure medicines had been stored at the correct temperatures.
- At our last inspection on the 16 May 2016 we found checks of emergency medicines were not effective and were not completed as per the practice policy. At our inspection on 19 April 2017 we found the checks were still not consistently completed on a weekly basis although the records clearly stated weekly checks were to be done. For example, at Braithwell surgery we found the records showed only seven of the weekly checks had been completed in 2017 and the emergency equipment and medicines had not been checked in the week prior to the inspection. At Ravensfield Surgery the checks had been completed weekly but we observed atropine sulphate (a medicine for treating a slow heart rate) had been out of stock since March 2017. At Morthen Road Surgery the equipment and medicines had not been checked in the week prior to the inspection. The practice manager stated this had been due to the bank holiday and would be completed immediately. We also saw expiry dates were handwritten on boxes to make these clearer for monitoring purposes. However, in one case the expiry date on the box had been obscured and the date hand written on the box did not match the date on the medicines contained inside the box. The medicines contained in the box were within their expiry date.
- At our last inspection on the 16 May 2016 we found blank prescription forms were not always handled in accordance with national guidance as access to the keys to the storage area were not adequately controlled at Morthen Road Surgery.
- At our inspection on 19 April 2017 we found the management of blank prescriptions had improved. Consistent systems had been implemented at all three sites and detailed records were maintained so prescriptions could be tracked through the practice. Access to storage area keys was limited to authorised staff.
- At our last inspection on the 16 May 2016 we observed the facilities for handwashing were not always adequate to minimise the risk of cross infection and clinical waste was not labelled for traceability.
- At our inspection on 19 April 2017 we observed the hand wash facilities had been improved. For example, a sink

Are services safe?

had been provided in the nurse's room at Braithwell, a replacement for the cracked sink at Morthen Road Surgery had been fitted and elbow or wrist taps had been provided. The majority of plugs in sinks had been removed although we saw one plug in the replacement sink at Morthen Road Surgery. We observed labels for clinical waste had been provided at each branch. We observed the clinical waste at Morthen Road surgery had been labelled appropriately but two bags at Ravensfield surgery had not been labelled. We were informed the person responsible for this was on leave. Staff ensured these were immediately labelled and advised us they would contact the person providing cover to remind them of this task. We observed new sharps boxes were stored with the clinical waste and at Ravensfield surgery this storage was outside and the bins were placed on a dirty floor. This may increase the risk of cross contamination when the bins are put in to use in the clinical areas. The practice manager said they would review this immediately, ensure the boxes were decontaminated and find alternative storage.

- At our last inspection on the 16 May 2016 we found infection prevention and control (IPC) risks had not been assessed. We also found that although systems to monitor IPC were in place these were not effective and issues with handwashing facilities had not been identified.
- At our inspection on 19 April 2017 we found IPC risk assessments had been completed and action plans developed and implemented. Detailed IPC audits had been had also been completed. Action plans had been developed. Although completion dates for actions had not been recorded we observed some of the actions had been implemented. For example, hand washing training and assessment had been implemented and wall mounted soap dispensers had been provided at Braithwell surgery.
- At our last inspection on the 16 May 2016 we found the Department of Health guidance February 2015 relating to blinds and blind cords had not been implemented to minimise the risk of serious injury due to entanglement.
- At our inspection on 19 April 2017 we found work to secure the blind cords had been completed at all three sites.

Additionally the practice had also made the following improvements in response to findings at the last inspection:

- Medicines standard operating procedures had been signed by relevant staff.
- Distribution of medical alerts had been improved and dispensary staff were kept up to date with the alerts and action taken in response to these.
- The decontamination and hand hygiene procedures had been reviewed and updated and were now practice specific. The infection control policy was overdue for review from June 2016
- The roles of dispensing staff and work streams in the dispensary had been reviewed and improved. The practice had commissioned an external audit of the dispensary work flow and had implemented distinct roles for staff working in Braithwell Surgery reception and dispensary to improve this area and reduce interruptions. The staff told us this was working well, particularly when they were in the dispensing role as they could work with minimal interruption.
- The business continuity plan had been made available to all staff.
- Medical gas warning signs had been provided on the door to the room used for storage of liquid nitrogen at Ravensfield Surgery.
- At our last inspection on the 16 May 2016 we found the practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and SOP were in place which set out how they were to be managed. However, we found that record keeping did not meet with legislative requirements and regular balance checks of controlled drugs had not been carried out.
- At our inspection on 19 April 2017 we found controlled drug records had improved and records were in place to show monthly checks of the medicines had been completed. However, an error in these records showed the monthly checks were not effective as a check had been completed after the error had been recorded and this was not identified. The error also highlighted that staff were not following the controlled drug SOP as, although receipt of medicines and dispensing activities had been recorded after the error occurred the error was not identified. The controlled drug SOP stated these two activities should have prompted a physical stock check. The computerised practice dispensing system recorded all activity and the error could be easily traced to show

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staff had not recorded a dispensing activity in the hand written records leading to the error in the records. We also observed the practice had a stock of returned controlled drugs. The facilities to destroy these had

been made available and staff said advice had been sought for the destruction of these from the pharmacist. The practice manager said they would review this and ensure the medicines were destroyed appropriately.