# Drs. Lawson, Scales, Tarrant & Napper

## Quality Report

Wellington House
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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

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Drs. Lawson, Scales, Tarrant & Napper on 18 May 2016. Overall the practice was rated as good. However, breaches of the legal requirements were found leading to a rating of requires improvement in the key question of Safe. After the inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the safety of the practice.

We undertook a focussed follow up inspection at Drs. Lawson, Scales, Tarrant & Napper on 17 January 2017 to check that the practice had met the requirements. This report only covers our findings in relation to those requirements. Overall the practice is now rated as good for providing safe services.

You can read the full comprehensive report which followed the inspection in May 2016 by selecting the 'all reports' link for Drs. Lawson, Scales, Tarrant & Napper on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Risks to patients were assessed and well managed.
- Vaccines were stored and managed appropriately in line with Public Health England guidance.
- The practice had a number of policies and procedures to govern activity, and we saw that these had been reviewed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All incidents and significant events had been reported and investigated. For example, following a vaccine fridge failure in 2015 practice procedures were now appropriately followed. For example, a power cut to the practice the week before the reinspection was clearly documented and actions were appropriately followed.
- The practice had developed systems to monitor expiry dates for emergency medicines and other equipment, for example spillage kits.
- The practice improved the complaints procedure by including details of the Parliamentary Health Service Ombudsman in patient information.
- The practice ensured clinical waste bags were labelled in line with current legislation and guidance.

# Summary of findings

**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?**

Good

The practice is rated as good for providing safe services.

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 18 May 2016. At the previous inspection the key question of safe was rated as requires improvement. At our inspection on 17 January 2017, we found that:

- Systems and processes had been introduced that kept people safe. For example, vaccines were stored and managed properly in line with Public Health England guidance.
- We saw that the practice had reviewed their policies and procedures.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All incidents were reported and investigated. A vaccine fridge failure in 2015 had not been previously investigated. We now found that learning and prevention of further vaccine cold chain breaches had been investigated and lessons learnt. For example, a power cut to the practice the week before the reinspection was clearly documented and actions were appropriately followed.
- The practice had a policy for the management of vaccine fridges and the cold chain. The practice had purchased a new fridge since the previous inspection with two data loggers to ensure safe storage of all medication. The practice had developed new procedures to report any temperatures out of the accepted range. Annual infection prevention and control audits were up to date. The last audits had been undertaken at both sites in August 2016.
- Clinical waste was segregated and stored appropriately. Bags were now labelled to identify the source of the waste.

# Summary of findings

## The six population groups and what we found

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

| | |
|---|---|
| **Older people** | **Good** |

# Summary of findings

## What people who use the service say

We did not speak with patients during this focussed follow-up inspection and we did not review the population groups.

# Drs. Lawson, Scales, Tarrant & Napper

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Drs. Lawson, Scales, Tarrant & Napper

Drs. Lawson, Scales, Tarrant & Napper provide primary care medical services to 8,985 patients in North Kirklees under a General Medical Services (GMS) contract. The area is in the fourth decile on the scale of deprivation.

The practice, known locally as Wellington House Surgery is located at Wellington House, 4 Henrietta Street, Batley, West Yorkshire, WF17 5DN, close to local shops and transport links. There is a branch surgery at 4 Bond Street, Birstall, WF17 9EX. Patients can attend either location.

In addition to primary care services, the practice hosts midwifery clinics.

There are five GPs, four male and one female; two female practice nurses, one female healthcare assistant, a pharmacist and a team of administrative staff. At the time of the inspection the practice had 1.5 whole time equivalent vacancies for GPs and were actively trying to recruit to these posts.

The practice gained training practice status in November 2015. They are able to accommodate GP registrars and nursing students on placement.

The main surgery is open between 8am and 6pm Monday to Friday and Saturday mornings from 8am to 12.30pm. Between 6pm and 6.30pm the practice have an arrangement with Local Care Direct. Telephone calls are transferred to the service who assess incoming calls

and refer on to the duty doctor.

Appointments at Wellington House are from 8am to 6pm daily. The branch surgery at Birstall is open daily between 8am to 12 noon and 2pm to 6pm except Wednesdays when it is closed in the afternoon.

Extended hours appointments are offered on Saturday mornings from 8am to 12.30pm.

When the practice is closed, telephone calls are transferred to the out of hours service provider Local Care Direct, or patients can call NHS 111 directly.

## Why we carried out this inspection

We carried out an announced focussed inspection of Drs. Lawson, Scales, Tarrant & Napper under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check that improvements had been made following our comprehensive inspection on 18 May 2016. We inspected the practice against one of the five key questions we ask about services: is this service safe?

# Detailed findings

## How we carried out this inspection

Before visiting Drs. Lawson, Scales, Tarrant & Napper, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017.

During our visit we:

- Spoke with the practice manager and a practice nurse.

Good

# Are services safe?

## Our findings

At our previous inspection on 18 May 2016, we rated the practice as requires improvement for providing safe services.

Previously the areas where the provider must make improvement were:

• The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine fridge and the cold chain.

The areas where the provider should make improvement were:

• Maintain the security of smart cards.

• Ensure a programme of audit is in place to ensure key policies and IPC practices are being implemented appropriately. Develop systems to monitor expiry dates for emergency medicines and other equipment,for example spillage kits.

• Improve the complaints procedure by including detailsof the Parliamentary Health Service Ombudsman inpatient information.

• Ensure clinical waste bags are labelled in line with current legislation and guidance.

These arrangements had significantly improved when we undertook a follow up inspection on 17 January 2017. The practice is now rated as good for providing safe services.

**Safe track record and learning**

There was system in place for reporting and recording significant events and we saw evidence of events that were investigated and discussed with staff. We saw evidence that a vaccine fridge failure had been recorded as a significant event and therefore discussion or learning did occur which would minimise the risk of further vaccine fridge incidents.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. The practice showed us a programme of IPC audits which were put in place as a result of the last inspection. We saw that an audit had been conducted at both sites in August 2016.
- Clinical waste was segregated and stored appropriately. The practice were now labelling clinical waste bags to identify the source.

**Monitoring risks to patients**

Risks to patients who used services were assessed, and the systems and processes to address these risks were implemented well enough to ensure patients were always kept safe.

The practice had a cold chain policy in place to manage the efficacy of medicines, especially vaccines. Practice procedures to report any temperatures out of the accepted range had been followed and staff responsible for the cold chain were now familiar with up to date guidance. For example, a power cut to the practice the week before the reinspection had been clearly documented and actions were appropriately followed.

- Staff used smartcards for secure access to confidential information on the clinical system. Smartcards were no longer left unattended.

**Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice showed us systems for monitoring the emergency medicines at both sites.

The practice had spillage kits, which were in date, to protect staff and enable them to safely dispose of blood or body fluid spillages.