

Wickham Market Medical Centre

Quality Report

Chapel Lane,
Wickham Market,
Woodbridge,
Suffolk,
IP13 0SB
Tel: (01728) 747101

Date of inspection visit: 2 August 2016
Date of publication: 29/09/2016

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

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Wickham Market Medical Centre on 9 February 2016 and found that improvements were necessary in order to comply with the requirements of the Health and Social Care Act 2008.

In February 2016 we found that the provider did not have appropriate arrangements in place to ensure that appropriate systems surrounding the management of controlled drugs were implemented. Controlled drug records were not consistently kept. The practice also had to ensure adequate monitoring of the refrigerators storing vaccines took place and staff knew what to do if the temperature was outside the recommended range.

After the inspection the practice provided us with an action plan to demonstrate how they intended to comply

with the requirements of the Health and Social Care Act 2008. We undertook a focused follow up inspection to check that the practice had followed their action plan and to confirm that the requirements of the Health and Social Care Act 2008 had been met.

On the inspection on 2 August 2016 we found that the practice had responded appropriately to address our findings.

This report only covers our findings in relation to the improvements required following our inspection in February 2016. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk.

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?

We found that improvements had been made following our previous inspection. The practice had implemented appropriate systems for the management of controlled drugs and kept adequate records.

Vaccinations fridges were replaced where necessary and adequate monitoring of the refrigerators storing vaccines took place. Staff we spoke with knew what to do if the temperature was outside the recommended range

Good



Wickham Market Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and a CQC medicines optimisation inspector.

overall quality of the service, and to provide a rating for the service under the Care Act 2014. A breach of legal requirements were found. Specifically for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result we undertook a focused inspection on 2 August 2016 to follow up on whether actions had been taken to deal with the breach.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 9 February 2016, as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the

How we carried out this inspection

As part of our inspection, we visited the practice and we reviewed information from the service. We carried out a visit on 2 August 2016. During our visit we revised documentation provided to us by the practice and had discussions with two GPs, a nurse and a pharmacist.

Are services safe?

Our findings

Learning and improvement from safety incidents

At our inspection in February 2016, the practice had a system in place for recording medicine related incidents, at this inspection there were also processes in place to record near misses. These were reviewed monthly by the pharmacist and we saw evidence of changes that had taken place to minimise the risk of errors.

Medicines management

At our inspection in February 2016 we found problems with the management of medicines requiring cold storage. During our follow up inspection we saw that medicines requiring cold storage were kept in secure refrigerators both in the dispensary and in the treatment room and these refrigerators were monitored appropriately. The actions to be taken, if the temperature was recorded outside the recommended range, were clearly displayed. We were also told about the actions that the practice had taken to ensure that anyone receiving a previously incorrectly stored vaccine was informed and was given the

choice of receiving a new vaccination. The practice had sought advice and guidance from Public Health England and thoroughly reviewed and improved its equipment, internal processes, procedures and structures as a result.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The controlled drugs were stored securely, and only authorised staff could access them and they were being checked regularly in line with the practice's procedure.

There was a secure emergency bag containing medicines for use on home visits. There was a list of contents kept within this bag and they were being checked regularly. Controlled drugs were not stored in this bag but they were accessible to doctors should they require them for home visits and there was a new procedure governing the handling of these medicines.

There were systems in place to ensure that any change of medication on discharge from hospital, or following a review from other services, was always reviewed by a GP and the appropriate action taken in a timely manner.