

# Beech House Surgery

## Quality 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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Beech House Surgery on 25 April 2016. The overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Beech House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 25 October 2017 to confirm that the practice had carried out their plan to make the improvements that we identified in our previous inspection on 25 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing safe services; overall the practice rating remains good

Our key findings were as follows:

- The process for managing repeat prescriptions was embedded in the practice. All requests for repeat prescriptions were directed to the duty doctor before being sent to the dispensary or reception for

collection. All repeat prescription requests were dealt with on the day and were monitored to ensure that none had been left unattended to at the end of the day.

- PGDs and PSDs were all signed and up to date. PGDs were reviewed on a three monthly basis to ensure all were in date and action was taken regarding any that were due to expire within the three month period.
- An identified nurse had now completed the specialist course on infection, prevention and control. There was a quarterly walkthrough audit undertaken and a comprehensive annual audit each February. Legionella risks were managed by the practice and training had been provided by an external provider.
- A new door lock with a key pad had been placed on the access door to the paper medical records ensuring security could be maintained.
- Music was now piped into the waiting area outside the nurses' room reducing the risks of breach of confidentiality from conversations being overheard.
- The practice had a comprehensive training matrix identifying all training completed and due dates.

# Summary of findings

- There was an appraisal system that included assessing competencies and the HCAs were observed a minimum of three times a year by the nurse to ensure competencies were maintained.
- Clinical and non-clinical alerts were received into the practice via a surgery email address as well as the practice manager to ensure that in the absence of the practice manager alerts would be dealt with by a nominated person.
- GP letters were monitored bi-weekly to ensure that all letters had been dealt with by the GPs. Any GPs with unattended letters were alerted to this by the practice manager.

**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?

At our previous inspection on 25 April 2016, we rated the practice as requires improvement for providing safe services. The arrangements in respect of safety were not sufficiently embedded in the practice.

At this inspection we found:

- The process for managing repeat prescriptions was embedded in the practice. All requests for repeat prescriptions were directed to the duty doctor before being sent to the dispensary or reception for collection. All repeat prescription requests were dealt with on the day and were monitored to ensure that none had been left unattended to at the end of the day.
- PGDs and PSDs were all signed and up to date. PGDs were reviewed on a three monthly basis to ensure all were in date and action was taken regarding any that were due to expire within the three month period.
- An identified nurse had now completed the specialist course on infection, prevention and control. There was a quarterly walkthrough audit undertaken and a comprehensive annual audit each February. Legionella risks were managed by the practice and training had been provided by an external provider.
- A new door lock with a key pad had been placed on the access door to the paper medical records ensuring security could be maintained.
- Music was now piped into the waiting area outside the nurses' room reducing the risks of breach of confidentiality from conversations being overheard.
- The practice had a comprehensive training matrix identifying all training completed and due dates were identified.
- There was an appraisal system that included assessing competencies and the HCAs were observed a minimum of three times a year by the nurse to ensure competencies were maintained.
- Clinical and non-clinical alerts were received into the practice via a surgery email address as well as the practice manager to ensure that in the absence of the practice manager alerts would be dealt with by a nominated person.
- GP letters were monitored bi-weekly to ensure that all letters had been dealt with by the GPs. Any GPs with unattended letters were alerted to this by the practice manager.

Good



# Beech House Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection was led by a CQC Lead inspector.

## Background to Beech House Surgery

Beech House Surgery is situated in Knaresborough serving the town and the surrounding villages. The practice dispenses medication to eligible patients and accounts for approximately 20% of registered patients. The practice is run by five partners, three male and two female.

The registered list size is 7,600 and predominantly of white British decent. The practice is ranked in the tenth least deprived decile nationally.

The practice is open between 8am and 6pm Monday to Friday. Appointments and home visits are available throughout the opening times. Extended hours appointments are offered Monday and Thursday evenings from 6.30pm to 7.15pm, and on Saturday mornings once a month between 7.15am and 12pm. Between 1pm and 2pm calls to the practice are handled by the out of hours service, but the practice remains open.

The previously awarded ratings were displayed in the surgery and on the website.

When the practice is closed, patients are directed to Primecare (the contracted out of hours provider) via the 111 service.

## Why we carried out this inspection

We undertook a comprehensive inspection of Beech House Surgery on 25 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on April 2016 can be found by selecting the 'all reports' link for Beech House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

We carried out a focused inspection of Beech House Surgery on 25 October 2017. This involved reviewing evidence that:

- Demonstrated the new process of signing repeat prescriptions was monitored.
- Patient Group directions (PGDs) and patient specific prescriptions (PSDS) were up to date and used appropriately.
- Observed the improved infection control arrangements and ongoing audits.
- Demonstrated the new secured access to patient paper records was appropriately managed.
- The issue of confidentiality of patient conversations outside the nurses' rooms was reduced.
- A training matrix and monitoring systems had ensured the practice had full oversight of staff training completed, due and outstanding.

## Detailed findings

- Viewed the systems and processes were in place for the health care assistants (HCSs) competencies to be formally assessed.
- Both clinical and non-clinical alerts were systematically, received reviewed and distributed to staff.
- The allocation, actioning and follow up letters received into the practice that are allocated to GPs were monitored and responded to in an appropriate and timely manner.
- We spoke to the practice manager.

# Are services safe?

## Our findings

At our previous inspection on 25 April 2016, we rated the practice as requires improvement for providing safe services as some systems and processes had been recently changed and were not embedded in the practice.

These arrangements had significantly consolidated when we undertook a follow up inspection on 25 October 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- We viewed the systems and processes in place for the health care assistants (HCAs) competencies to be formally assessed by the supervising nurse as part of the appraisal system.
- Both clinical and non-clinical alerts (official notifications of collective risks to patients) were systematically, received, reviewed and distributed to staff. All alerts were sent to the practice email address as well as the practice manager to ensure that in case of absence a nominated individual could access the alerts. All alerts were either managed by a lead GP or the practice manager who reviewed the alert and identified if further action or cascade was required. We followed the process concerning the April 2017 patient safety alert relating the use of Sodium Valproate (an epilepsy drug) in women of child bearing age. We saw that the practice had received the notification, that it had been acknowledged by the GP and that four patients met the alert criteria. These four patients were all followed up by clinicians and the incidents recorded in the significant events log for further discussion and monitoring.

### Overview of safety systems and process

- We observed the improved infection prevention and control (IPC) arrangements and ongoing audits were satisfactorily completed. The lead IPC nurse had completed the relevant specialist IPC training since the last inspection. The practice undertook a quarterly walkthrough monitoring of the surgery environment, and an annual comprehensive audit in February each year. Tasks relating to IPC were allocated using the computer system and monitored by the lead nurse and practice manager. The practice had a daily clean with a

cleaning schedule and a weekly deep clean by a contractor. Legionella risks were managed by the practice manager who had received training by an external agency.

- The practice demonstrated the new secured access to patient paper records was appropriately managed. We saw a door lock with a key pad had been installed to keep paper medical records secure and inaccessible by the general public.
- The new process of signing repeat prescriptions was monitored. All repeat prescription requests were directed to the duty doctor who signed agreed prescriptions before they were sent to reception for the patient to collect or to the dispensary. The system ensured that all requests were dealt with on the day and nothing was left over to be completed the following day. Prescriptions waiting for patients to collect were checked daily by reception and any prescriptions not collected were discussed with dispensary staff.
- Patient Group directions (PGDs) and patient specific prescriptions (PSDs) were up to date and used appropriately. The list of PGDs was audited quarterly and expiry dates were checked. Any PGDs due to expire in the next quarter were processed for resigning or highlighted to Public Health England (PHE) for an update. We were told that recently the PGD for Hepatitis B vaccinations had expired and nurses were told to use PSDs until the updated version of the PGD had been developed by PHE. We saw on the day that all PGDs were signed and up to date.
- The practice had a training matrix and monitoring systems in place that ensured the practice had full oversight of staff training completed, due and outstanding. The training matrix was reviewed monthly by the practice manager who alerted staff to training that required an update in the next quarter.

### Monitoring risks to patients

- Both clinical and non-clinical alerts (official notifications of collective risks to patients) were systematically, received, reviewed and distributed to staff. All alerts were sent to the practice email address rather than the practice manager to ensure that in case of absence a nominated individual could access the alerts. All alerts were either managed by a lead GP or the practice manager who reviewed the alert and identified if further action or cascade was required. We followed the process concerning the April 2017 patient safety alert

## Are services safe?

relating the use of Sodium Valproate (an epilepsy drug) in women of child bearing age. We saw that the practice had received the notification, that it had been acknowledged by the GP and that four patients met the alert criteria. These four patients were all followed up by clinicians and the incidents recorded in the significant events log for further discussion and monitoring.

- The allocation, actioning and follow up of letters received into the practice that are allocated to GPs were monitored and responded to in an appropriate and

timely manner. The practice manager audited letters on a bi weekly basis prompting any GPs that had outstanding letters logged on the system without any actions against them. The overview of outstanding letters was discussed regularly at practice meetings.

- Confidentiality had been improved since the last inspection outside the nurses' rooms. Piped music in the corridor and immediate waiting area outside the rooms reduced the likelihood of conversations being overheard.