Undercliffe Surgery

Quality Report

16 Union Street
Heckmondwike
West Yorkshire
WF16 0HH
Tel: 01924 403406
Website: www.undercliffe.gpsurgery.net

Date of inspection visit: 24 May 2017
Date of publication: 07/06/2017

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Undercliffe Surgery on 28 September 2016. The overall rating for the practice was good. However, a breach of legal requirements was found, resulting in a rating of requires improvement for the safe domain. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Undercliffe Surgery on our website at www.cqc.org.uk.

On 24 May 2017, we carried out this announced focused inspection. This was to confirm that the practice had carried out their plan to meet the legal requirements, in relation to the breaches in regulations that had been identified at our previous inspection on 28 September 2016. This report covers our findings in relation to those requirements and any additional improvements that have been made since our last inspection.

Our key findings were as follows:

- The practice no longer kept controlled drugs (CDs) on the premises. There was evidence that a risk assessment had been undertaken and that the CDs had been destroyed in line with guidance.
- There was a revised system and policy in place to recall and review those patients who were on medicines which required regular blood tests (such as warfarin) to ensure that dosages were adjusted accordingly.
- A system had been implemented to ensure that all Patient Group Directives (PGDs) were in date and signed.
- There were comprehensive records of when checks were carried out in relation to emergency equipment and medicines; including those kept in GPs' bags.
- Checks of equipment and medicines held in the practice showed they were all in date.
- The practice had purchased new examination couches for the consulting rooms.

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 now rated as good for providing safe services.

The practice had addressed the issues identified during the previous inspection. There were now appropriate arrangements in place for safe medicines management.

- The practice no longer kept controlled drugs (CDs) on the premises. There was evidence that a risk assessment had been undertaken and that the CDs had been destroyed in line with guidance.
- There was a revised system and policy in place to recall and review those patients who were on medicines which required regular blood tests (such as warfarin) to ensure that dosages were adjusted accordingly.
- A system had been implemented to ensure that all Patient Group Directives (PGDs) were in date and signed.
- There were comprehensive records of when checks were carried out in relation to emergency equipment and medicines; including those kept in GPs' bags.
- Checks of equipment and medicines held in the practice showed they were all in date.
- The practice had purchased new examination couches for the consulting rooms.

Undercliffe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector and accompanied by a second CQC inspector.

Background to Undercliffe Surgery

Undercliffe Surgery is located on the ground floor of Heckmondwike Health Centre, 16 Union Street, Heckmondwike, West Yorkshire, WF16 0HH. The building is a purpose built, leased health centre which hosts two separate GP practices and a pharmacy. There is a large car park for patients, with designated disabled spaces, and the premises are accessible for wheelchair users. It is close to local shops and transport links.

The practice is a member of North Kirklees Clinical Commissioning Group (CCG) and holds a General Medical Services (GMS) contract with NHS England. They provide primary care services to patients in Heckmondwike, Gomersal, Batley and surrounding areas. The area the practice is located within is ranked in the fourth decile on the scale of deprivation (one being the most deprived and 10 being the least deprived). The registered patient list size is 10,800 compromising predominantly of white British with a small number of patients from mixed ethnicity groups. There is a slightly higher than local and national average of patients aged five years and under.

There are three GP partners (two male and one female) and two salaried GPs (one male and one female), a female advanced nurse practitioner, two female advanced nurse practitioners in training; two female practice nurses, two female healthcare assistants and a female phlebotomist. The clinical team is supported by a practice manager and a team of administrative staff. A CCG pharmacist also supports the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered until 8pm on Tuesdays. When the practice is closed calls are transferred to the

NHS 111 service who will triage the call and pass the details to Local Care Direct who is the contracted out of hours provider for North Kirklees.

Undercliffe Surgery is a teaching practice. They are accredited to train qualified doctors to become GPs (registrars) and to support undergraduate medical students with clinical practice and theory teaching sessions.

We saw that the most recently awarded inspection ratings were on display both in the practice and on their website.

Why we carried out this inspection

We carried out an announced focused inspection of Undercliffe Surgery under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements had been made following our comprehensive inspection on 28 September 2016. We inspected the practice against one of the five key questions we ask about services: is this service safe? This was because the service was not meeting a legal requirement at the previous inspection.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Undercliffe Surgery on 24 May 2017. At the practice, we spoke with the practice manager and office manager. We also reviewed the information and evidence the practice provided us with, to confirm that they were now meeting legal requirements.

Good

Are services safe?

Our findings

When we inspected the practice in September 2016, we had rated the practice as requires improvement for providing safe services, as there were some concerns regarding safe systems and processes relating to the management of medicines.

The focused inspection on 24 May 2017 was conducted in order to review the issues which had been previously identified. During this inspection we found that the practice had addressed all of the concerns previously raised. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had recorded the findings arising from the inspection in September 2016, as a significant event. We saw evidence of the actions and shared learning arising from that. The practice had developed a comprehensive action plan, which included 'minor' details that were not in the report. For example, a suggestion of an additional 24 hour blood pressure recording machine. In response to this the practice had undertaken a retrospective audit to assess the need, where they had found there was actually under usage of the equipment. They had agreed to monitor the usage for a period of time, which was still ongoing at the time of this inspection.

Overview of systems and processes

- The room where all emergency and other medicines, including eye drops, were kept was now temperature controlled. The air filtration system had been repaired and a temperature controlled storage area had been installed to store the emergency medicines. We saw evidence of daily records being kept of temperature checks and there was a procedure in place advising staff what to do in the event of any temperature anomalies.
- There was a revised system and policy in place to recall and review those patients who were on medicines which required regular blood tests (such as warfarin) to ensure that dosages were adjusted accordingly. The practice had involved the CCG pharmacist when looking at the proposed changes to policy. All relevant patients had been contacted by the practice to inform them of the changes in policy and to remind them to bring their 'yellow book'. This is a book the patient keeps and takes to the hospital when they have blood tests. Any changes to medicine (warfarin) doses are recorded, along with the results of the blood test. This is then used to inform the practice of any changes in the medicine needing to be prescribed. A prescription is issued to the patient only when the yellow book has been seen. The information from the yellow book is scanned onto the patient's electronic records and the changes authorised by a GP in order for the prescription to be issued. If there were any instances where the yellow book was unavailable the practice could contact the hospital direct, to avoid a patient not receiving their medication. There had been no complaints noted since the changes in the process.
- The practice had implemented a revised system to ensure that all Patient Group Directives (PGDs) were up to date and signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) We saw that all PGDs had signatory sheets, evidencing that nursing staff had signed them. The previously expired PGD for shingles had been updated and was now signed by all nursing staff.
- The practice had taken the decision to no longer keep controlled drugs (CDs) on the premises. We saw that a risk assessment had been undertaken and that there was a documented record of the discussions GPs had regarding no longer having CDs. We saw evidence that the CDs had been destroyed in line with guidance.
- The previous inspection had noted that two consulting room couches were in need of repair. We saw that the practice had undertaken an audit of all the examination couches and had, in fact, purchased six new couches.

Arrangements to deal with emergencies and major incidents

- We saw that all emergency medicines and equipment were stored in the same room. All staff were aware and had access to these. There were comprehensive records of when checks were carried out in relation to emergency equipment and medicines; including those kept in GPs' bags. All equipment and medicines were stored in an organised way.
- The practice showed us their revised system for recording batch numbers and expiry dates of equipment and medicines held in the practice and

Good

Are services safe?

within GPs' bags. A random check of medicines and equipment, including needles and syringes, showed they were all in date and corresponded with the recorded information held by the practice.