

Sibford Surgery

Quality Report

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Date of inspection visit: Date of inspection: We have not revisited Sibford Surgery as part of this review because it was able to demonstrate that it was meeting the standards without the need for a visit.
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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 

Are services caring?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focused desktop inspection of Sibford Surgery in December 2016 to assess whether the practice had made the improvements in providing safe care and services.

We had previously carried out an announced comprehensive inspection at Sibford Surgery on 4 May 2016 when we rated the practice as good overall. The practice was rated as good for being effective, caring, responsive and well-led and requires improvement for providing safe care. This was because we found that risks to patients and staff in relation to the management and dispensing of medicines and infection control were not being fully assessed, monitored, managed and mitigated.

Following our last inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time, in relation to its management of medicine fridge temperatures, the checking of dispensed medicines,

ensuring that medicines and vaccines were administered in accordance with directives, auditing and following infection control guidance, and ensuring that fire risks were identified and managed.

The practice was able to demonstrate that they were meeting the standards for safe care and is now rated as good for providing safe care. The overall rating for the practice remains as good.

This report should be read in conjunction with the full inspection report.

Our key findings across the areas we inspected in December 2016 were as follows:

- There were systems in place to ensure the effective daily monitoring of medicine fridge temperatures, the checking of dispensed medicines from manually amended prescriptions, the administration of medicines and vaccines in accordance with legislations, the auditing and following of infection control guidance, and identifying and managing fire risks.

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?

The practice is now rated as good for providing safe services.

Good



Since our last inspection in May 2016, the practice was found to have undertaken work to address matters of concern around medicine management, infection control and fire risks by:

- Ensuring that both the minimum and maximum temperatures of medicine fridges are monitored and recorded daily.
- Amending the practice's standard operating procedure (SOP) for dispensing to ensure that prescriptions which have been manually amended are double checked by another dispenser or a GP before dispensing.
- Ensuring that all out of date SOPs were delated, and that current SOPs were easily accessible to staff.
- Establishing a system to ensure that patient specific directives (PSDs) were always signed by a GP before a vaccine or medicine was administered to a patient by a health care assistant, or by a nurse if current patient group directives (PGDs) were not available.
- Ensuring that all GPs are clearly recording annual medicine reviews for long-term conditions on patient notes, resulting in an increase of relevant patients recorded as receiving annual reviews from 58% at the time of inspection to 78% by November 2016.
- Introducing weekly cleaning monitoring checks by the practice manager.
- Ensuring that the practice's needlestick protocol can be found in the staff handbook and is displayed in the nurses' room.
- Undertaking a fire drill in June 2016, and scheduling it to be repeated annually.

Are services caring?

At inspection in May 2016, the practice was rated as good for providing caring services. However, it was recommended that it improved its means of identifying patients who were carers to ensure that they received any additional support required.

Good



Since our last inspection in May 2016, the practice was found to have undertaken work to address this by:

- Reviewing its carers' policy to maximise the number identified.
- Installing a designated carers' noticeboard in the waiting area with emergency guidance and useful phone numbers.

Summary of findings

Are services well-led?

At inspection in May 2016, the practice was rated as good for providing well led services. However, it was recommended that it improved its system for completing clinical audits to ensure that improvements to care were embedded, and reviewed practice policies to ensure that they were up to date and standardised.

Since our last inspection in May 2016, the practice was found to have undertaken work to address these issues by:

- Scheduling re-audits on all those undertaken at the time of the initial inspection to complete the clinical audit cycle.
- Drawing up a schedule to review policies that have expired, and keeping the staff handbook up to date and practice specific.

Good



Sibford Surgery

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection on 4 May 2016 and published a report setting out our judgements. We asked the provider to send an action plan of the changes they would make to comply with the regulation they were not meeting at that time.

We undertook a focussed follow up inspection in December 2016 to ensure that the necessary changes had been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited Sibford Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection visit.

How we carried out this inspection

We reviewed information provided to us by the practice, including the action plan provided to us following the issue of a Requirement Notice; a summary of changes to processes and procedures made by November 2016 and future plans for continued improvement, the Standard Operating Procedure for assembling and labelling prescriptions; evidence of the increased number of medicine reviews for patients with long-term conditions recorded; and a Patient Specific Directive template for permitting healthcare assistants to administer flu vaccinations.

Are services safe?

Our findings

Overview of safety systems and processes

During the inspection in May 2016, the practice was found to be maintaining appropriate standards of cleanliness and hygiene, and the premises were observed to be clean and tidy. However, it was found that not all infection control guidance was followed. It was also found that there was no needlestick injury protocol in the staff handbook. Although informal cleanliness checks were undertaken by management, these were not recorded to ensure that they were carried out regularly.

In November 2016, the practice confirmed that all fabric towels had been removed and replaced with supplies of paper towels; its needlestick protocol had been included in the staff handbook and was displayed in the nurses' room; and the practice manager was undertaking and recording weekly monitoring of cleaning standards.

On inspection in May 2016, it was found that fridges used to store medicines were monitored and temperature checks were recorded. However, there was no monitoring of daily minimum and maximum temperatures, with only the current temperature on checking being recorded. This meant that there was a risk that temperatures out of the safe range might not be identified.

In November 2016, the practice confirmed that minimum and maximum fridge temperatures were being monitored and recorded on a daily basis, and provided evidence to confirm this.

The practice dispensed to 85% of its patients. On inspection in May 2016, it was found that dispensary staff had appropriate training and qualifications, and repeat prescriptions were approved and handled appropriately. However, it was observed that if a prescription was altered manually, there was no system for the dispensed medicines to be double checked by a colleague, which meant that there was a risk that an error could be made.

There were standard operating procedures (SOPs) in place for the dispensary, but there were various versions in the staff file, and it was unclear which ones were the most up to date.

The practice had responded this by amending the SOP for dispensing to ensure that prescriptions which had been manually amended were double checked by another dispenser or a GP before dispensing. It had also ensured that all out of date SOPs were deleted, and that current SOPs were easily accessible to staff.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, in May 2016, it was found that some PGDs were out of date owing to a delay in the creation of updated PGDs by the local Clinical Commissioning Group (CCG), and no temporary measures had been put in place, such as Patient Specific Directions (PSD) to permit nurses to administer these medicines. It was also found that PSDs permitting health care assistants to administer vaccines were not checked on the day of vaccination against patient records to ensure that the PSDs were in date.

The practice responded by reviewing this system immediately after inspection, and by November 2016 had established a system to ensure that PSDs were always signed by a GP before a vaccine or medicine was administered to a patient by a health care assistant, or by a nurse if current PGDs were not available.

Monitoring risks to patients

At inspection in May 2016, it was found that staff had received fire training, but there was no evidence that fire drills had been undertaken. The lack of drills had been identified as an issue in the fire risk assessment undertaken in 2015, and on review in 2016, but no action had been identified to remedy this.

In November 2016, the practice confirmed that a fire drill had been undertaken in June 2016, and this was scheduled to be repeated annually.

Are services caring?

Our findings

Patient and carer support to cope emotionally with care and treatment

At our last inspection on 4 May 2016, we found that the practice had identified 35 patients as carers, which was just

above 1% of the practice list. For the November 2016 inspection, the practice told us that it had reviewed its carers' policy to maximise identification of patients who were carers. It had also installed a dedicated noticeboard in the waiting area, to provide carers with information about emergency support and useful phone numbers.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

At the last inspection in May 2016, the practice was found to have a governance framework which supported the delivery of its strategy and good quality care. Practice specific policies were implemented and available to all staff. However, it was found that some of the policy review dates were long overdue, and copies of generic documents, not altered to meet the requirements of the practice, were stored alongside practice specific documents. There were multiple copies of some standard operating procedures (SOPs), and it was not clear which version of these staff should refer to.

This was immediately reviewed by the practice following inspection. At the re-inspection in November 2016, the

practice confirmed that it had ensured that the staff policy handbook was up to date and practice specific, with an ongoing schedule to review policies as they expired. It had also deleted all out of date SOPs, and the current ones were easily accessible to all staff.

In May 2016, it was also found that although the practice had a programme of continuous clinical and internal audits to monitor quality and make improvements, re-audits did not always take place to demonstrate or embed improvement.

The practice provided evidence in November 2016, to confirm they had scheduled re-audits on all those undertaken at the time of the initial inspection to ensure that the clinical audit cycle was completed effectively.