

# West One Surgery

## Quality Report

**West One Surgery**  
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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 well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West One Surgery

on 19 January 2016. Overall the practice was rated as requires improvement. The practice was rated good for caring, effective and responsive care and required improvement for safe and well-led domains. We issued one requirement notice for the following:

- Breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment. The requirement notice was issued in order for the practice to implement the necessary changes. To ensure patients who used the service were protected against any risks associated with the safe management of the medicines including emergency medicines and the security of prescriptions.

A copy of the report detailing our findings can be found at [www.cqc.org.uk](http://www.cqc.org.uk).

At our last inspection in January 2016 the areas where the provider must make improvement were:

- Ensure the security of blank prescriptions throughout the consulting rooms was routinely maintained.
- Ensure stocks of emergency medicines were held in case of medical emergencies.
- Ensure processes for keeping up to date records of Patient Group Directions are maintained.

At our last inspection in January 2016 the areas where the provider should make improvement were:

- Review the practices training programme in regard of vulnerable adults training.
- Review infection control processes.
- Review the systems in place to ensure best practice guidelines are routinely available to all clinical staff.
- Review the systems in place to monitor outcomes for patients.

This inspection we undertook a focused desk based inspection on 17 November 2016 to assess if the practice had implemented the changes needed to ensure patients who used the service were safe and ensure the practice was well-led by the provider.

# Summary of findings

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

- The practice now had an appropriate system in place to ensure prescriptions were kept secure at all times.
- The practice now had adequate arrangements in place to ensure any medical emergencies could be dealt with safely and appropriately.
- The practice had ensured vaccine protocols were followed through appropriate guidelines to ensure the safety of patients.
- The practice had managed infection control appropriately by auditing its practices and taking action promptly to address areas of improvement.
- All staffing arrangements had been assessed to ensure patient safety and changes had been implemented to reduce workloads.

**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. We found the provider had taken actions to provide a safe service following our comprehensive inspection of the practice in January 2016. This included auditing infection control procedures at regular intervals, ensuring emergencies could be dealt with, storing appropriate medicines and equipment relevant for the practice and staffing adjustments had been made to reduce the workload for GPs.

Good



### Are services well-led?

The practice is now rated as good for providing well-led services. We found the provider had taken actions to provide a well-led service following our comprehensive inspection of the practice in January 2016. This included regular infection control auditing, risk assessing how it would protect patients in a medical emergency and ensuring patients were kept safe through adequate staffing arrangements.

Good



# 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

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# West One Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The desk based review was undertaken by a CQC Inspector.

## Background to West One Surgery

West One Surgery is located in the centre of Crewkerne, Somerset. The practice serves a local and rural population of approximately 2100 patients from Crewkerne and the surrounding villages. The practice relocated to the current premises in August 2013, it has public parking adjacent to the premises including spaces for patients with a disability. The practice has a number of rooms which it makes available to other services, these include; a counsellor, a podiatrist as well as a hypnotherapist.

West One Surgery is a small family run practice with three family members having key roles in the practice; a GP, a practice nurse and the practice manager. There are two GPs who between them provide 12 GP sessions each week and are equivalent to 1.2 whole time employees. One GP is female, the other is male. There are two practice nurses providing a total of eight sessions whose working hours are equivalent to 0.8 whole time employees. The GPs and nurses are supported by four management and administrative staff including the practice manager. Since October 2016 the practice also has a clinical pharmacist who works one morning every two weeks.

The practice is open between 8am and 6:30pm Monday to Friday. The practice closes for general appointments on a Wednesday to enable the GP to carry out patient administration. Emergency care and treatment is covered

by a duty GP. Tuesdays the practice has late clinic appointments until 7:20pm. There is also a walk in clinic on a Friday from 9am to 1pm. The practice provides a telephone access service from 8am to 8:30am for other practices as well as for their own patients. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. The practice offers online booking appointments and an online repeat prescription service is also available.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccinations and immunisations scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England. The practice has opted out of providing out-of-hours services to their own patients. The out of hour's service is provided by Vocare, patients are directed to this service by the practice outside of normal practice hours.

## Why we carried out this inspection

We carried out a focused desk based review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Previously, we carried out an announced comprehensive inspection at West One Surgery on 19 January 2016. Following this inspection we found that overall the practice required improvement within the safe and well-led domain.

Following the inspection we issued a requirement notice for:

- Breach of Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment. The requirement notice was for the practice to implement the necessary changes to ensure patients who used the service were protected against any risks associated with the safe management of the medicines including emergency medicines and the security of prescriptions.

We undertook this focused desk based inspection on 17 November 2016 and asked the practice to send us evidence to show how they were meeting the regulation, to ensure patients who used the service were safe.

# Are services safe?

## Our findings

### Overview of safety systems and processes

During the last inspection undertaken in January 2016 we had found although non-clinical staff spoken with had shown understanding of safeguarding vulnerable adults they had not received any training. The practice had informed us during the inspection that they intended for all staff to have training in safeguarding vulnerable adults by April 2016. Following the inspection the practice had found sourcing training difficult and had only recently found a suitable course for staff to attend, all staff were booked onto a course in January 2017.

- During the last inspection there had been no evidence of infection control auditing being carried out in the practice. Following the inspection the practice had confirmed that they had completed an audit, which was not available at the time of the inspection. During this follow up inspection we saw evidence that the last infection control audit was completed on the 7 September 2016 and an action plan had been completed. We saw there was one area for action. The practice manager had discussed this with staff that were affected. this was recorded within team meeting minutes and the staff communication book. We saw the practice planned to carry out further audits every six months unless through the spot checks, areas of improvement were found. The practice manager planned to arrange some infection control training for all staff prior to the next audit due in March 2017.
- During the last inspection we found the practice required improvement for the management of medicines. The areas for improvement were to ensure vaccine prescribing followed protocol and to ensure the security of prescription pads. The provider completed an action plan following the inspection and informed us they had taken immediate action following the inspection to rectify these areas.
- During the initial inspection we found Patient Group Directions (PGD's) for prescribing vaccines were either not available to review or that not all appropriate staff had signed the PGD's. Since the inspection the practice confirmed they had ensured all relevant PGD's were in

place and sent us a sample of completed PGD's to review. The reviewed PGD's showed all the relevant information was included and had been signed by the relevant staff.

- During the initial inspection it was identified that the practice needed to improve how it kept its prescription pads secure. Following the inspection the provider informed us that they had now implemented a new locked door policy. The policy included details of where prescription pads should be kept when not in use and when it was appropriate to lock clinical staff doors. There were also additional security checks undertaken by staff at the end of the day. We saw evidence that all staff had signed the prescription security policy to show they had read and understood it.

### Monitoring risks to patients

During the last inspection we found the systems and processes in place to manage risks to patients using the service could be improved. Following a review of the evidence received we found the practice had improved in the areas of risk found and had sufficient processes in place to keep patients safe. For example, the provider had implemented a policy to reduce the risk of ensuring prescription pads were kept secure.

- During the last inspection we found the practice had assessed its staffing numbers and skill mix dependant on patient demand. However, further assessment was required for the main GP. The practice manager told us they had since reviewed the working arrangements for the main GP. They had reduced their workload by using the Emergency Care Practitioner Acute Home Visit Service for carrying out home visits and recruiting a part-time clinical pharmacist to assist with medication reviews and changes.

### Arrangements to deal with emergencies and major incidents

During the last inspection we found the provider did not have all emergency medicines that would be appropriate for the practice. For example, the provider had an opiate based medicine but did not have the reversal medicine for it. Following the inspection the practice had reviewed its supply and guidance available. The practice now has adequate emergency medicines. We saw they had a system in place to check the expiry of medicines and their condition on a monthly basis.



# 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

During the last inspection we found that some policies and risk assessments were in the process of being re-written following being inadvertently destroyed. The practice manager informed us there were still some policies to be completed. However, they had discussed with the local federation of GP practices about working together to

produce core policies on a federation level and if necessary adapt to practice level. This they hoped would enable continuity of care, governance and training across the local area.

During the last inspection we found the practice had a basic programme of audits and risk assessments to improve quality and make improvements. Since our inspection, the practice manager regularly audits infection control procedures and the management of emergency medicines and equipment. They had also assessed all clinical staffing levels and improvements to workload had been implemented.