

# North House Surgery

## Quality Report

North Street

Ripon

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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 carried out an announced comprehensive inspection of North House Surgery on 10 October 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 North House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 16 May 2017, we undertook an 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 10 October 2016. This report covers our findings regarding those requirements and any additional improvements that have been made since our last inspection.

Our key findings were as follows:

- There were up to date and version controlled standard operating procedures in place to support staff working within the dispensary at the practice.

- All repeat prescriptions were signed by a GP before medicines were dispensed.
- There was a revised system in place to review those patients who were on repeat medication, or high risk medicines, prior to dispensing.
- Processes had been implemented in the dispensary to record near misses.
- The dispensing lead had initiated quarterly meetings with dispensing staff; there was a set agenda and minutes of the meetings were to be taken.
- There was a system in place for tracking and recording blank prescription forms within the practice.
- Patient Group Directives (PGDs) were in date and signed.
- There were records of when checks were carried out in relation to vaccine refrigerator temperatures.
- The practice had emergency 'grab bags' of medicines for GPs to take on home visits. These were kept alongside other emergency equipment within the practice.

**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.

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

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- Processes had been implemented in the dispensary to record near misses.
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Good



# North House Surgery

## Detailed findings

### Our inspection team

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

a CQC inspector.

## Background to North House Surgery

North House Surgery, North Street, Ripon, HG4 1HL is a member of Harrogate and Rural District Clinical Commissioning Group (CCG). It is situated in a semi-rural location and serves Ripon and the surrounding villages. The registered list size is approximately 8,900 who are predominantly of white British background. The age profile differs from the England average with there being a higher number of patients in the 60 to 79 age range and a lower number in the 20 to 39 age range.

The practice is ranked in the ninth least deprived decile (one being the most deprived and 10 being the least deprived).

The practice is run by four partners, one full time and three part-time (one male and three female) and four salaried GPs (all female). Other clinicians consist of an advanced nurse practitioner, a nursing team manager, two practice nurses, a health care assistant and a phlebotomist. The clinicians are supported by a business manager and an experienced practice support team consisting of administration and reception staff.

North House Surgery is a dispensing practice and employs a dispensing team leader and three dispensers. The practice dispenses to approximately 29% of their patients. They also receive additional pharmacy support from the local CCG medicines management team.

The practice is open from 8am to 6.30pm Monday to Friday with extended opening hours available on a Tuesday until 8pm. The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service.

North House 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.

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England.

The previous inspection ratings were noted as being available to patients both in the practice and on their website.

## Why we carried out this inspection

We carried out an announced focused inspection of North House 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 10 October 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 North House Surgery on 16 May 2017. At the practice, we spoke with the

business manager, the dispensing lead, a dispenser and a practice nurse. We also reviewed the information and evidence the practice provided us with, to confirm that they were now meeting legal requirements.

# Are services safe?

## Our findings

When we inspected the practice in October 2016, we had rated the practice as requires improvement for providing safe services, as there were some concerns regarding safe arrangements for the management of medicines.

The focused inspection on 16 May 2017 was conducted in order to review the safety issues regarding the management of medicines, 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.

### Overview of systems and processes

- There were up to date, and version controlled, standard operating procedures (SOPs) in place to support staff working within the dispensary at the practice. Staff had signed to confirm they had seen and understood them. We reviewed the SOPs and found them to be detailed and providing clear guidance to staff on all aspects of the dispensary, for example the ordering, storage and dispensing of medicines.
- A system had been implemented in the dispensary to record near misses. We saw evidence that any potential medicine errors had been identified and rectified before any medicines were dispensed or a prescription given to a patient. For example, the wrong amount of tablets had been initially counted out by a dispenser. This had been checked by another dispenser, the error rectified and the correct amount was then dispensed to a patient.
- The dispensing lead had set up quarterly meetings with the dispensing staff. The first one was to be in June 2017. We saw the proposed agenda for that meeting and were assured that minutes would be taken.
- We were informed of the revised process the practice had put in place regarding repeat prescriptions. All prescriptions, including repeats, were now signed by a GP before medicines were dispensed. The practice had

also informed patients that the 'turnaround' time for prescriptions had changed from 48 to 72 hours, to support the process. Notices were displayed in the reception area, on the practice website and practice booklet informing patients of this. The information was also attached to patients' prescriptions. We were informed there had been no complaints from patients regarding the increased time.

- The practice had also revised their system for recalling and reviewing those patients who were on repeat medication, or high risk medicines, prior to dispensing. We were informed that in certain circumstances where a review was delayed, a short dose of medicines would be prescribed to avoid any potential risk to a patient's health.
- There had been a system in place for tracking and recording blank prescription forms held within the practice, however this had not always been followed. We were assured that the process had been reviewed and was now followed in line with national guidance regarding the security of prescriptions.
- We saw that all Patient Group Directives (PGDs) had signatory sheets, evidencing that nursing staff had signed them. (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 evidence of daily recorded checks of vaccine fridge temperature readings of all fridges within the practice, including those in the dispensary area.

### Arrangements to deal with emergencies and major incidents

- The practice had two emergency 'grab bags' of medicines for GPs to take on home visits. These were kept alongside other emergency equipment within the practice. We saw evidence of monthly checks of all emergency equipment and medicines.