

# North Leverton 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 carried out an announced comprehensive inspection at North Leverton Surgery on 23 May 2017. The overall rating for the practice was Good but with Requires Improvement for safety. The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for North Leverton Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 14 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 23 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

The provider had made the following improvements to address legal requirements:

- Procedures were in place to ensure medicines provided in compliance aids were packaged safely to reduce the risk of patient harm.

- Medicine fridge temperature monitoring had been improved in relation to provision and resetting of thermometers to maintain the effectiveness and safety of the medicines.
- Security arrangements for keys to the dispensary and controlled drug storage area had been improved.
- Procedures had been implemented in accordance with regulations for controlled drugs which require destruction.
- Records for controlled drug stock had been improved and accurate records were maintained.

The provider had also made improvements in the following areas:

- The fire risk assessment action plan had been reviewed and action had been completed to improve fire safety.
- The legionella risk assessment action plan had been reviewed and measures were being taken to minimise risk.
- Procedures were in place to try to improve uptake for childhood vaccinations. The practice had developed protocols to support practice when patients did not attend for routine vaccination. This included sending three letters to invite them to attend for vaccination and putting alerts on the electronic patient records. Where patients did not attend for vaccination after three letters the clinicians were informed and, where

# Summary of findings

clinicians felt this was necessary, the patients were referred to the health visitor. Following discussion at the inspection staff said they would also add this area as a standing agenda item to their practice meetings to ensure ongoing monitoring of patients who did not attend.

- Systems had been improved to assist the practice to identify carers. They had developed a carers leaflet and patient questionnaire which was included in new patient packs; they had developed a template for clinicians to assist them to identify and record carers and developed a carer's protocol to support practice. One of the practice administrators monitored the

numbers of carers on the register monthly. We observed the number of carers identified had increased from 18 (0.6% of the patient list) at the last inspection to 42 (1.5% of the patient list). We observed a variety of information to support carers was displayed in the practice and these patients were invited for flu vaccines. Organisations which could offer advice for carers, such the local Social Prescribing Team, were invited to the flu clinics.

**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?**

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

- Procedures were in place to ensure medicines provided in compliance aids were packaged safely to reduce the risk of patient harm.
- Medicine fridge temperature monitoring had been improved in relation to provision and resetting of thermometers to maintain the effectiveness and safety of the medicines.
- Security arrangements for keys to the dispensary and controlled drug storage area had been improved.
- Procedures had been implemented in accordance with regulations for controlled drugs which require destruction.
- Records for controlled drug stock had been improved and accurate records were maintained.
- The fire risk assessment action plan had been reviewed and action had been completed to improve fire safety.
- The legionella risk assessment action plan had been reviewed and measures were being taken to minimise risk.

**Good**



# North Leverton Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector with a specialist professional advisor from the medicines team.

### Background to North Leverton Surgery

The provider of the service is a partnership known as Dr Gemma Maria Brownson and Dr James Richard Reader.

The practice provides services for 2,666 patients within the Bassetlaw CCG under a General Medical Services (GMS) contract.

The practice is situated in a purpose built building. Car parking is available on site or on the road outside the practice. There is an on-site dispensary serving all but one of the practice patients.

There is a higher than average patient population aged over 50 years and lower than average under 45 year old patient population compared to the national average.

There is one female GP partner and one male GP partner. The practice is supported by a practice manager, two practice nurses, a phlebotomist, five dispensers, and an administration and reception team.

The practice and the dispensary is open Monday to Friday 8am to 1pm and 2pm to 6.30pm. Telephone lines are open 8am to 6.30pm Monday to Friday. GP appointments are available Monday to Friday 9am to 12.30pm and 4pm to 5.50pm. A phlebotomy service is provided Tuesday 8.30am to 1pm.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service.

### Why we carried out this inspection

We carried out an announced comprehensive inspection at North Leverton Surgery on 23 May 2017. The overall rating for the practice was Good but with Requires Improvement for safety. The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for North Leverton Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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### How we carried out this inspection

During our visit we:

- Spoke with a range of staff (GP partner, practice manager, dispensers and administration staff).
- Looked at information the practice used to manage the practice and deliver care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

**At our previous inspection on 23 May 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of medicines management in the dispensary were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 14 November 2017. The practice is now rated as good for providing safe services.**

### Overview of safety systems and process

- Medicines were dispensed at the North Leverton surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), and a system was in place to ensure relevant staff had read and understood the SOPs. There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had a SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted. Security of the controlled drug cupboard keys had been improved since the May 2017 inspection and the keys were now held securely. At the inspection in May 2017 we identified that staff did not routinely check stock balances of controlled drugs to ensure the stock held reflected the balance recorded in the registers. At the inspection in November 2017 we saw that balance checks were carried out regularly.
- We observed procedures had been implemented since the May 2017 inspection in accordance with regulations

for controlled drugs which require destruction. Staff told us destruction of controlled drugs had been completed by an appropriate person and we observed records were maintained of this process. Other expired and unwanted medicines were disposed of in accordance with waste regulations. Staff told us they routinely checked stock medicines were within expiry date and fit for use as recommended in current guidance, there was documented evidence to support this and there was a SOP to govern this activity.

- Monitored dose systems were offered to patients who needed support to take their medicines, we saw the process for the packing and checking of these was robust. Staff knew how to identify which medicines were not suitable for these packs and offered alternative adjustments to dispensing where possible. At the May 2017 inspection we found guidance in a medicines safety alert had not been implemented in that some medicines were left in their original blister packaging when placed in the monitored dosage systems. This could result in serious harm if the foil packaging was swallowed as well as the medicine. At the inspection in November 2017 we found that all medicines were removed from the original packaging before being placed in the monitored dosage systems. We found staff were knowledgeable about systems relating to management of medicine safety alerts and observed records were maintained relating to recent alerts and actions taken in response to these.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. Since the May 2017 inspection medicine fridge temperature monitoring had been improved in relation to provision and resetting of thermometers to maintain the effectiveness and safety of the medicines in line with national Public Health England guidance. All fridges used for storing medicines had a temperature logger installed which downloaded temperatures onto a database to ensure accurate temperatures were recorded.

### Monitoring risks to patients

- Since the May 2017 inspection the fire risk assessment action plan had been reviewed and action had been

## Are services safe?

completed to improve fire safety. This included improvements to the rear final fire exit door locking mechanism and provision of a medical gas sign for the storage area for the liquid nitrogen.

- The legionella risk assessment action plan had also been reviewed and measures were being taken to

minimise risk. We saw records of six monthly checks by an external company of the processes in place to manage Legionella. These records confirmed that monitoring records were maintained.