

Islip Surgery

Quality Report

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Date of inspection visit: We did not visit the practice
as part of this inspection.
Date of publication: 05/08/2016

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

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 Islip Surgery on 15 December 2015. We found improvements were required in providing safe services. We issued a requirement notice and rated the practice as requires improvement in providing safe services. We undertook a desktop review (a follow up inspection without the need to visit the practice) on 6 July 2016 to check that improvements had been made to the service where required. We found that the improvements had been made and the practice has been rated good in the safe domain. Our key findings were as follows:

- There was a safe process for dispensing medicines via volunteer delivery drivers and via collection at specific locations convenient to patients living in remote areas.
- Patient specific directives were in place where required to ensure the administration of certain medicines undertaken by non-prescribers was authorised appropriately
- There were appropriate means for disposing of medical samples.

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 rated good for providing safe services.

In December 2015 we found that dispensing processes were not fully risk assessed in order to ensure remote dispensing enabled safe receipt of medicines. There were also areas we suggested practice make improvements regarding implementing temporary patient specific directives (PSDs) in place of out of date patient group directive (PGDs) and also to improve the disposal of medical samples.

In July 2016, we found that changes to remote dispensing had been made, to ensure patients could receive medicines away from the dispensary safely. We saw evidence that PSDs were in use. The practice had implemented an amended procedure for safely disposing of urine samples.

Good



Islip Surgery

Detailed findings

Why we carried out this inspection

We carried out a desktop review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, Regulated Activities Regulations

2014. This was following an inspection undertaken in December 2015 where we identified breaches of regulations. We also needed to review the rating for the service under the Care Act 2014. This report should be read in conjunction with the previous comprehensive inspection report.

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

In December 2015 we found that dispensing processes were not fully risk assessed in order to ensure remote dispensing enabled safe receipt of medicines. There were also areas we suggested practice make improvements regarding implementing temporary patient specific directives (PSDs) in place of out of date patient group directive (PGDs) and also to improve the disposal of medical samples.

Overview of safety systems and processes

In July 2016, we found that improvements had been made to ensure medicines were managed safely and infection control guidance was followed.

- Changes to remote dispensing had been made, to ensure patients could receive medicines away from the

dispensary and practice safely. This included improved checks on medicines left for collection at a shop where it was more convenient for some patients to collect their prescriptions. No medicines which required cold storage were transferred off site for collection. Improved checks had been put in place to ensure that the right medicine went to patients using the collection service. Delivery drivers were used to deliver medicines based on assessment of risks involved and only drivers approved by the practice on the basis of a risks assessment were used to deliver medicines.

- We saw evidence that there was a protocol for expired patient group directives, which included the use of appropriate patient specific directives where necessary.
- The practice had implemented an amended procedure for safely disposing of urine samples.