

Tollerton Surgery

Quality Report

5-7 Hambleton View
Tollerton
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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

Contents

Summary of this inspection

Overall summary	2
Areas for improvement	4

Detailed findings from this inspection

Our inspection team	5
Background to Tollerton Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tollerton Surgery on 7 June 2017. The overall rating for the practice was good but the safe key question was rated as requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Tollerton Surgery on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 11 December 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice dispensed medicines for patients on the practice list who did not live near a pharmacy. The practice had standard operating procedures (SOPs) which were regularly reviewed and covered all

aspects of the dispensing process (these are written instructions about how to safely dispense medicines). A system was in place to ensure relevant staff had read and understood the SOPs.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had SOPs in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys were held securely. Previously, full balance checks of controlled drugs had not been recorded. We found staff had carried out regular checks and recorded them on the electronic document management system.
- Expired and unwanted medicines were disposed of in accordance with waste regulations.
- We found a new SOP had been introduced to guide staff how to handle uncollected prescriptions. Appropriate arrangements were now in place for the regular checking of uncollected prescriptions. Checks also included ensuring all prescriptions awaiting collection were signed by an appropriate prescriber, however some unsigned prescriptions had not been picked up by the checks.

Summary of findings

- A new checking process had been introduced to ensure Patient Group Directions remained legally valid and fit for use.
- A “near miss” record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns in errors and take action to prevent reoccurrence.
- There were arrangements in place for the recording of significant events involving medicines.
- A new system had been introduced to track the use of blank prescriptions since our last inspection. However, the system of recording was not fit for purpose, and staff could not accurately account for the prescriptions on the premises on the day of our visit.

- The practice had increased the number of identified carers from 0.7% to just over 1%.
- Infection control issues identified at the last infection had been addressed.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

Review the checking process for prescriptions awaiting collection, in particular to ensure they are signed by an appropriate practitioner

Review the system for recording and tracking blank prescription forms

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

Review the checking process for prescriptions awaiting collection, in particular to ensure they are signed by an appropriate practitioner.

Review the system for recording and tracking blank prescription forms.

Tollerton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of two medicines inspectors.

Background to Tollerton Surgery

Tollerton Surgery, 5-7 Hambleton View, Tollerton, North Yorkshire, YO61 1QW is situated in a rural area outside York. There is a small car park available to the rear of the practice and road side parking. The practice is a converted bungalow with disabled access. Consulting and treatment rooms are on the ground floor. The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 3281,

covering patients of all ages. The practice covers a rural population in a village outside of the city of York. The practice is a dispensing practice and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 45 years and over age group is slightly above the local CCG and England average and in the under 39 age group is slightly below the local CCG and England average with the exception of the 10 to 14 age group which is slightly higher. The practice scored ten on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived.

The practice has two GP partners and two salaried GPs. The lead GP partner is in the process of retiring. There are two

practice nurses and one nurse practitioner. All the nurses are female. There is a practice manager, organisational manager, dispensary staff, secretaries, a cleaner and receptionists.

Tollerton Surgery is a teaching partner with Hull and York Medical School providing placements and teaching for fifth year medical students.

Tollerton Surgery is open between 8am and 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 4pm. GP appointments are available between 8.30am and 11.10am and 2pm and 5.50pm Monday to Friday except for on a Thursday when they are available between 8.30am and 11.10am (The exact timing of individual surgeries varies from day to day). Information about the opening times is available on the website and in the patient information leaflet. The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice closes early on a Thursday patients calling the practice are advised to contact the out of hours provider. OOHs care is provided by Vocare. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of Tollerton Surgery on 6 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the safe key question. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Tollerton Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Tollerton Surgery on 11 December 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Tollerton Surgery on 11 December 2017. This involved reviewing evidence that:

- The arrangements for the proper and safe management of medicines had improved to ensure that care and treatment is provided in a safe way for patients.

During our visit we:

- Spoke with a range of staff.
- Reviewed systems and processes with regard to the safe management of medicines and prescriptions.

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 6 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing medicines and prescriptions were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 11 December 2017. The practice is now rated as good for providing safe services.

Medicines were dispensed at the surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which were regularly reviewed and covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). A system was in place to ensure relevant staff had read and understood the SOPs. A policy had been introduced since our last inspection to safely delegate responsibilities if there were no GP's on site.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had SOPs in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys were held securely. Previously, full balance checks of controlled drugs had not been recorded. At this inspection we found staff had carried out regular checks and recorded them on the electronic document management system.

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 an SOP to govern this activity and staff made records on the electronic document management system when checks were carried out. Staff also kept records of expired medicines which had been destroyed.

At our previous inspection we found there was no written policy in place to guide staff how to handle uncollected prescriptions. Staff told us they were checked monthly,

however we found a number which were greater than four weeks old. At this inspection, we saw a new SOP had been introduced to govern this activity and appropriate arrangements were now in place for the regular checking of uncollected prescriptions. Checks also included ensuring all prescriptions awaiting collection were signed by an appropriate prescriber. However, we found four prescriptions which had not been signed and staff had failed to detect these when making checks. Two of these were repeat medicines which had been issued by nurses and not signed by an appropriate prescriber. The dispensed medicines were awaiting collection and had not been given to patients.

At our previous inspection, vaccines were administered by nurses using patient group directions (PGDs), however some of these had expired and others were not signed by a manager in the practice. At this inspection, we found a new checking process had been introduced to ensure PGDs remained legally valid and fit for use. We checked a selection of 10 PGDs and found they were all within their expiry date and signed appropriately.

A "near miss" record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns in errors and take action to prevent reoccurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted adequately to investigate these incidents or review dispensing practice to prevent reoccurrence. We saw records relating to recent medicine safety alerts and actions taken in response to them, however these were not always kept in the same place, which made it difficult to check whether a particular alert had been actioned.

At our previous inspection we found that prescriptions for use in printers were not tracked through the practice in accordance with national guidance. At this inspection, we found blank prescription pads were recorded upon receipt into the practice and were stored securely. A new system had been introduced to track the use of blank prescriptions since our last inspection. However, the system of recording was not fit for purpose, and staff could not accurately account for the prescriptions on the premises on the day of our visit.