

# Abbey Medical Practice

## 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

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 focussed follow up inspection on 24 January 2017 to follow up on concerns we found at Abbey Medical Practice in May 2016. The inspection in January 2017 was to ensure that improvement had been made following our inspection in May 2016 when breaches of regulations had been identified. The inspection in May 2016 found breaches of regulation and rated the practice as requires improvement in safe services.

At the inspection on 24 January 2017 we found that overall the practice had implemented changes and that the service was meeting the requirements of the regulations. The ratings for the practice have been updated to reflect our findings following the improvements made since our last inspection in May 2016; the practice is now rated as good in providing safe services.

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

- Processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical were effective and implemented for all staff to follow.
- Emergency equipment and medicines were monitored and expiry dates were checked.
- A system for the flagging up of alerts for safeguarding vulnerable adults and children had been implemented and meetings were regular to ensure that outstanding safeguarding concerns had been followed up effectively.
- There was a robust system in place to ensure that patients were safeguarded from abuse and improper treatment, including documented discussions with the health visitors regarding children at risk.
- The practice had an effective system for monitoring high risk drugs with fail safes built in.

### 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.

Our last inspection in May 2016 identified concerns relating to safeguarding, reporting and recording of incidents, managing high risk medicines and emergency medicines.

At this inspection we saw the concerns had been addressed:

- Processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical were effective and implemented for all staff to follow.
- Emergency equipment and medicines were monitored and expiry dates were checked.
- A system for the flagging up of alerts for safeguarding vulnerable adults and children had been implemented and meetings were regular to ensure that outstanding safeguarding concerns had been followed up effectively.
- There was a robust system in place to ensure that patients were safeguarded from abuse and improper treatment, including documented discussions with the health visitors regarding children at risk.
- The practice had an effective system for monitoring high risk drugs with failsafe's built in.

Good



# Abbey Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

### Why we carried out this inspection

We undertook an announced focussed inspection on 24 January 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in May 2016 had been made. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

The focused inspection of this service was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection is planned to check whether the provider has made the necessary improvements and is meeting the legal requirements in relation to the regulations associated with the Health and Social Care Act 2008.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the regulations associated with the Health and Social Care Act 2008 included within this report.

This report should be read in conjunction with the full inspection report.

We inspected the practice against one of the five key questions we ask about services:

- Is the service safe?

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 January 2017. During our visit we:

- Spoke with a range of staff.
- Reviewed information given to us by the practice, including policies and procedures.
- Reviewed documents relating to safeguarding.
- Reviewed minutes of meetings

# Are services safe?

## Our findings

When we completed the inspection in May 2016 we found that there were concerns relating to safeguarding, reporting and recording of incidents, managing high risk medicines and emergency medicines.

### Safe track record and learning

At the inspection in May 2016 the process for reporting incidents was unclear. The practice process was that staff would complete the form and pass to the practice manager. However some staff we spoke with said that they would inform the practice manager and the manager would complete the form which had led to some of the facts not being recorded correctly.

At this inspection saw that the incident policy had been reviewed and new forms had been implemented for staff to record incidents. Incidents had been reported by staff members who had completed the documentation and we viewed minutes of meetings where these had been discussed and reviewed. Actions had been taken to prevent reoccurrence and lessons had been learned. Such as an incident reported concerning a chair had been acted on by a different type of chair put in place and other incidents we saw that changes to process had been made.

### Overview of safety systems and processes

At the inspection in May 2016 the practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Safeguarding meetings were not in place and with the practice despite the practice trying to engage with health visitors and midwives. Practice meetings and clinical meetings did not include safeguarding discussions.
- We could not find a consistent system to highlight vulnerable children on the practice's electronic records; for example children subject to child protection plans.
- Processes were not robust for handling repeat prescriptions which included the review of high risk

medicines. We saw that patients prescribed high risk drugs such as Lithium and Methotrexate which require monitoring were not highlighted as been on these and that required monitoring such as blood tests every two months had not been completed.

At this inspection we saw that the practice had meetings each fortnight where safeguarding was discussed. The health visitor attended monthly where children at risk were discussed and reviewed and any new patients were recorded. The practice had worked to implement a consistent method of recording vulnerable children on the electronic records and had developed a template so that coding automatically completed. We looked at a selection of vulnerable children on the practice recording system and saw that these were highlighted consistently and accordingly.

The processes for handling repeat prescriptions which included the review of high risk medicines was effective and had fail safes built in. We saw that patients prescribed high risk drugs such as Methotrexate and Lithium that required monitoring had alerts on the patient records to ensure that monitoring such as blood tests had been completed. The practice had a three tier process with three staff members involved in checking that this was completed.

### Arrangements to deal with emergencies and major incidents

At the inspection in May 2016 we found that equipment, such as latex gloves and scissors had expired and that one of the emergency drugs, Atropine had expired in April 2016.

At this inspection we saw processes in place for checking and recording of expiry dates of medicines and vaccines. The practice had developed a process to ensure that all medicines were checked on the first of the month and any due to expire were marked as such and moved to the working fridge. New vaccines were stored in a separate fridge. There were failsafe's in place to prevent an expired vaccine being administered to a patient. All vaccine expiry dates were checked prior to administration. Medicines that we checked were all in date.