

# Stackyard 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 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This inspection was an announced focused inspection carried out on 20 April 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 18 August 2016. 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:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had fully reviewed the system they had in place in relation to the monitoring of the cold chain. Vaccine refrigerators temperatures were now checked and reset daily as per the practice policy

- The practice had reviewed the medicines kept in place in the event of an emergency. For example, anaphylaxis and updated the practice policy to reflect this.
- Issues identified in regard to infection prevention and control. For example, spillage kits for bodily fluids and the purchase of cytotoxic sharps bins had been completed.
- Patient Group Directives for travel vaccinations were now in place.
- The practice now had an effective governance system in place.
- Dispensary competencies had been reviewed and a process was in place to document any issues where appropriate.
- Appropriate policies and guidance were in place to enable staff to carry out their roles in a safe and effective manner which were reflective of the requirements of the practice.

The practice should make improvements:-

- Ensure significant events have enough clinical detail documented to demonstrate appropriate details and information are in place.

# Summary of findings

- Dispensary visit reports need to have near misses documented and discussed as detailed in the practice policy.

**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 as good for providing safe services.

Good



- There was a much improved system in place for reporting and recording significant events. We found that the system in place had been updated. Recording and investigations were detailed and actions were identified and implemented. However more evidence in respect of clinical events needed to be added to the record of events. We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had undertaken SEA training with all staff to ensure they understood their responsibilities to raise concerns, and to report incidents and near misses.
- The system for monitoring the cold chain had been reviewed. The practice had updated its policy. Refrigerator temperatures were recorded twice daily and a process was in place which ensured that any deviations in temperature were checked and acted upon where necessary.
- Effective systems were in place for infection prevention and control.
- Emergency medicines were now in place and the policy had been reviewed to reflect this.
- Dispensary significant events were now recorded and regularly discussed. However evidence of discussion and actions for near misses still needed to be recorded.

### Are services well-led?

The practice is rated as Good for being well-led.

Good



- Since our inspection in August 2016 we found that the practice had made significant improvements.
- Stackyard Surgery is one of three locations in Vale Medical Group. The group is committed to preserve and enhance its good reputation for being a traditional and caring innovative practice.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice now had an effective governance framework in place.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 18 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 18 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 18 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 18 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 18 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 18 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure significant events have enough clinical detail documented to demonstrate appropriate details and information are in place.
- Dispensary visit reports need to have near misses documented and discussed as detailed in the practice policy.

# Stackyard Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Stackyard Surgery

The Stackyard Surgery is based in the Vale of Belvoir at Croxton Kerrial. It has approximately 1,900 patients. The practice's services are commissioned by SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The practice are the second smallest surgery within the CCG and pride themselves on being friendly and approachable.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is part of Vale Medical Group which has three locations registered with the Care Quality Commission (CQC):-

Long Clawson Medical Practice, The Surgery, The Sands, Long Clawson, Melton Mowbray, Leicestershire. LE14 4PA

The Stackyard Surgery, 1 The Stackyard, Croxton Kerrial, Grantham, Lincolnshire. NG32 1QS

Woolsthorpe Surgery, Woolsthorpe by Belvoir, Grantham, Lincs. NG32 1LX

The three practices are called the Vale Medical Group.

The location we inspected on 20 April 2017 was The Stackyard Surgery, 1 The Stackyard, Croxton Kerrial, Grantham, Lincolnshire. NG32 1QS

## Why we carried out this inspection

We undertook a comprehensive inspection of Stackyard Surgery on 18 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for 'Stackyard Surgery' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Stackyard Surgery on 20 April 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

During our visit we:

- Spoke with a range of staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.



# Are services safe?

## Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events in both the practice and the dispensary, maintenance of the cold chain, emergency medicines and lack of spillage kits and cytotoxic sharps bins were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 20 April 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

Since the last inspection the practice had revised their significant event process and policy. There was now a comprehensive system in place. A log was kept of significant events, with each incident numbered, risk rated and details kept of review date, actions, when to be completed by and where and when learning outcomes had been discussed. The practice had 12 on the log from October 2016 to current date. We reviewed five in detail and found they were recorded, investigated and reviewed in a consistent manner. However clinical significant events needed further detail added to the record to ensure that they demonstrated that the patient had not come to harm.

Significant events were discussed at practice meetings and minutes of these were shared with all staff in order that those not able to attend the meeting were included in the learning.

We saw and staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We saw that the Vale Medical Group had put on additional significant event training for the practice and dispensary staff and this was held at a practice learning team meeting on 6 October 2016.

We reviewed significant events in relation to the dispensary. We found that the practice had a system where serious medication incidents could be raised as significant

events and near-miss dispensing errors were recorded. We saw evidence of significant events that occurred in the dispensary being discussed and reviewed in clinical meetings within the surgery. Review of dispensary significant events was thorough and documented outcomes were evident with changes to dispensary processes where appropriate. Dispensary significant events were now a standing item on their clinical meeting agenda.

We reviewed the near miss error log. Errors were recorded but we did not see any evidence that these had been discussed and actions taken. We spoke with the superintendent pharmacist who told us they were reviewed, discussed and actions taken. A report template was used to ensure that the information was disseminated to all staff. This template was immediately changed in response to our feedback to ensure that this would be clearly documented in forthcoming meetings for discussion and action.

### Overview of safety systems and processes

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had an infection control policy which had been reviewed and updated since the last inspection. Spillage kits for bodily fluids, for example, vomit were now in place and staff had received training on the correct usage via video link training at a staff meeting in October 2016. This had also been added to the induction for new staff. Appropriate containers for the disposal of cytotoxic sharps were now visible in the treatment room. .

Effective systems and processes were now in place to ensure fridge temperatures and thermometers were checked and reset on a daily basis to ensure that medicines were stored at the appropriate temperature in line with the practice policy. The practice had purchased data loggers which are a self-contained, miniature computer that continuously monitors refrigerator temperature, records the temperature at pre-set intervals and stores the data until it is downloaded to a standard computer. Records from the data loggers were used to ensure that the integrity and quality of the medicines had not been compromised. We saw that staff had been trained on how to download the records on a regular basis or as required. The practice had reviewed and updated the cold chain policy to provide guidance to staff.

## Are services safe?

Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that they had been reviewed and updated. The practice now had PGDs in place in respect of travel vaccinations.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to respond to emergencies and major incidents.

Emergency medicines were easily accessible to staff and staff knew of their location. The practice now had in place

an emergency medicine box which contained medicines for the treatment of anaphylaxis. The checklist for these medicines did not have quantities of medicines contained within the box. We spoke with a practice nurse who told us they would ensure this was updated.

Staff awareness of what to do in the event of an emergency and included where to find the emergency box, defibrillator and oxygen was discussed at a staff meeting held in February 2017.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for providing well-led services as improvements were required in relation to the governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 20 April 2017. The practice is now rated as good for being well-led.

Stackyard Surgery is one of three locations in Vale Medical Group. The group were committed to preserve and enhance its good reputation for being traditional, caring and innovative practices.

Following our inspection in August 2016, the practice had reviewed and reflected on some of the governance systems they had in place and how to involve the whole practice in the delivery of it. It was evident at this inspection that all staff were involved, enthusiastic and committed in delivering this.

### Vision and Strategy

The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients. They were working on their five year forward plan which included discussions on merging this practice with the surgery at Woolsthorpe.

### Governance arrangements

We found the practice had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures in place and ensured that:-

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Since the last inspection the practice had employed an advanced nurse practitioner and two further practice nurses.

- There was a new system for reporting and learning from significant events and complaints, supported by the change in culture which had resulted in an increase in the number of incidents being reported by staff.
- The superintendent pharmacist now visited the practice each month to review error logs and ensure significant event actions had been completed. Standard operating procedures were revised where appropriate. He produced a monthly report which kept staff up to date on patient safety alerts, significant events and any information to cascade from the vale medical group. However from the meeting reports we reviewed we found that discussion and actions from dispensary near misses were not formally documented on this report. We spoke with the superintendent pharmacist who assured us that he would ensure that they were documented going forward and changed his report template accordingly.
- Practice specific policies were implemented and were available to all staff. These included spillage of bodily fluids, referrals and auctioning of incoming post.
- Systems in place for emergency medicines had been reviewed and updated.
- The practice could now demonstrate that the integrity and quality of medicines within the vaccine refrigerators were not compromised.
- Patient Group Directions were in place and included travel vaccinations.
- The practice had reviewed and updated the competency framework for dispensers. They told us that, when required, discussions with staff following a concern would be documented on staff files for review at their yearly appraisal.