

# Dr Richard Lynch-Blosse

## Quality Report

Clifton Hampden Surgery  
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Website: [www.cliftonhampdensurgery.co.uk](http://www.cliftonhampdensurgery.co.uk)

Date of inspection visit: We have not revisited Dr Richard Lynch-Blosse as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.  
Date of publication: 28/07/2017

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

We carried out an announced comprehensive inspection at Dr Richard Lynch-Blosse on 8 December 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr Richard Lynch-Blosse on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 17 July 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 8 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection. The desk based review on the 17 July 2017 found the practice was meeting the regulations that had previously been breached.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe and well led services. Overall the practice is now rated as good. Consequently we have rated all the population groups as good.

Our key findings were as follows:

- Dispensing procedures had been updated to ensure compliance with national guidance. All prescriptions were authorised and signed by a GP before medicines were dispensed to patients.
- Controlled drugs were stored, recorded and destroyed in accordance with national guidance.
- Security arrangements for clinical waste awaiting collection were appropriate.
- Health checks for patients diagnosed with a learning disability were either completed or scheduled.
- Appropriate safety checks to the premises had been completed and actions arising from risk assessments had been carried out.
- The processes for carrying out medicines reviews had been reviewed and the number of medicine reviews completed had increased. Data showed 76% of all medicine reviews had been completed with 94% of patients taking four or more medicines receiving a review in the last year.

# Summary of findings

- Responses to complaints and the practice complaints policy contained reference to the opportunity for escalation of the complaint to a relevant statutory body.
- The system for receipt of, and recording action arising from, safety alerts had been updated and identified when actions had been completed.

**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 had taken appropriate action and is now rated as good for the provision of safe services.

- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Procedures to ensure safe management of medicines were operated consistently. Repeat prescriptions were signed by GPs before medicines were dispensed.
- Staff recorded incidents and near misses specific to the dispensary and these were shared to provide learning that could prevent the same thing happening again.
- Risks of cross infection were mitigated because appropriate control measures were in place.

Good



### Are services well-led?

The practice had taken appropriate action and is now rated as good for the provision of well led services.

- Policies to govern the activity of the dispensary were reviewed and followed national guidance.
- Actions arising from risk assessments were followed up to reduce risks arising from the environment.
- Recall systems were operated consistently to invite patients for health checks and medicine reviews.

Good



# 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 8 December 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 8 December 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 8 December 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 8 December 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 8 December 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 8 December 2016 which applied to everyone using this practice, including this population group.

The population group ratings have been updated to reflect this.

Good



# Dr Richard Lynch-Blosse

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based review was undertaken by a CQC Lead Inspector.

## Background to Dr Richard Lynch-Blosse

Dr Richard Lynch-Blosse (also known as Clifton Hampden Surgery) is in the process of changing registration with the CQC to become a partnership. Two part time partners work with the principal GP and are employed and are supported by a regular locum GP. The GP team comprises two males and two females they make up two whole time GPs and serve a registered population of approximately 3,300 patients. There are three practice nurses (all female) who all work part time. They are equivalent to one whole time practice nurse. The practice manager, who is also the dispensary manager, has a team of six administration and dispensing staff working with them to undertake the management and administration support tasks required at the practice.

The practice is located, in a village on the outskirts of Abingdon, within two converted semi-detached cottages which were first occupied for the provision of healthcare in 1985. GPs and management are aware that working from these premises limits accessibility for patients using wheelchairs and with mobility difficulties. Reasonable adjustments have been made to improve access. For example, the treatment room is on the same level as the main entrance and an extension with wheelchair access has been added to the rear of the building.

Patients register from the village of Clifton Hampden, surrounding villages and rural locations. The practice is situated in an area where there are no nearby pharmacies. It therefore offers a dispensing service to approximately 2,500 of the patients who are registered. Nationally reported data shows the practice has a higher than average number of registered patients between 45 and 74 years of age. There are lower than average numbers of patients aged under 45 years of age. There are a similar number of patients aged over 75 compared to the national and local averages. Statistics show the registered population has relatively low levels of income deprivation. Where income deprivation exists the practice is aware of the patients and their locations. Data also identifies 3.1% of the registered patients are from Asian and non-white ethnic groups.

The practice is open from 8am to 6.30pm every weekday and does not provide any extended hours clinics. Face to face appointments are offered between 9am and 12.30pm every weekday morning. On Monday and Thursday afternoons appointments are offered between 4pm and 6pm. On the remaining three weekdays there are two GPs on duty who offer telephone appointments and triage, urgent appointments at the practice and home visits. On Wednesday afternoons there is either a diabetic clinic or nurse treatment room clinic and a minor surgery clinic is held on a Friday afternoon.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Oxford Health NHS Foundation Trust. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

# Detailed findings

Services are provided via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

All services are provided at:

Clifton Hampden Surgery, Clifton Hampden, Abingdon, Oxfordshire, OX14 3EL.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Richard Lynch-Blosse on 8 December 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 in December 2016 can be found by selecting the 'all reports' link for Dr Richard Lynch-Blosse on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based inspection of Dr Richard Lynch-Blosse commencing on 17 July 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. We did not visit the practice as information provided by the practice detailed the actions taken to achieve compliance with regulations.

## How we carried out this inspection

We carried out a desk-based focused inspection of Dr Richard Lynch-Blosse on 17 July 2017. This involved reviewing evidence that:

- Dispensing procedures had been reviewed and updated to reduce risk.
- Relevant risk assessments had been completed with actions identified from the assessments completed.
- Relevant safety systems and safety checks were operated consistently.
- Patients received reviews of their health and of the medicines they were prescribed.

# Are services safe?

## Our findings

At our previous inspection on 8 December 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of;

- Operating safe systems for dispensing prescriptions
- Dealing appropriately with clinical waste
- Responding to national safety alerts in a consistent manner and recording learning from significant events.
- Completing relevant safety checks to the premises

Were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up desk based review on 17 July 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- The practice maintained records of safety alerts that were relevant to general practice. The records included the actions taken in response to the safety alert. The practice demonstrated that risks arising from safety alerts had been addressed.
- The procedure for recording action arising from significant events and near misses in the dispensary had been updated. The records of significant events identified the learning from the event to avoid recurrence and these records were shared with all staff in the dispensary. Staff confirmed they had received the learning by signing the significant event log.

### Overview of safety systems and process

- The operating procedure for dispensing prescriptions had been updated. All prescriptions were signed by GPs before being dispensed.
- The arrangements for holding controlled drugs awaiting destruction had been updated to ensure national guidance was followed. This included appropriate recording and safe holding of these medicines that required extra care and attention prior to controlled destruction.
- Clinical waste awaiting collection was held securely.
- The practice held safety data for potentially harmful substances. If there was a spillage of a potentially harmful substance the practice held instructions on how to deal with it. Harmful substances were clearly identified with appropriate labelling.

### Monitoring risks to patients

- Actions arising from the legionella risk assessment had been completed.
- The practice had undertaken a safety check of electrical systems in the premises and works arising from the check had been completed.

These actions and improvements were now ensuring that requirements relating to provision of safe services were being met



# 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 8 December 2016, we rated the practice as requires improvement for providing well-led services as arrangements for identifying, assessing and managing risk were operated inconsistently.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up desk based review of the service on 17 July 2017.

The practice is now rated as good for being well-led.

### Governance arrangements

- Monitoring processes to identify, assess and mitigate risk had been reviewed and updated. Risk assessments were kept under review and actions taken to minimise risk.

- Policies and procedures governing the operation of the dispensary had been updated to ensure national guidance was followed and risks associated with dispensing of medicines were reduced.
- Recording of care and treatment in patient records had been reviewed and improved to ensure medicine reviews were appropriately recorded.
- Recall systems for health reviews had been implemented to ensure vulnerable patients were called for their health reviews.

These actions and improvements were now ensuring that requirements relating to provision of well led services were being met