

Woolsthorpe 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 21 September 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 system in place for medication reviews and the management of medicines prescribed by secondary care had been reviewed and effective processes were now in place.
- The infection control policy had been reviewed and updated to ensure it provided appropriate guidance to staff. All staff had now completed infection control training.

- An infection control action plan was in place and reviewed on a regular basis. Cleaning spot checks were regularly carried out.
- Processes were in place to capture verbal complaints and comments received at the surgery. Actions were taken were appropriate.
- Dispensary competencies had been reviewed and a process was in place to document any issues where appropriate.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- 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.

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 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
- The system in place for medication reviews and the management of medicines prescribed by secondary care had been reviewed and effective processes were now in place.
- Systems in place for infection prevention and control were now effective.
- 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.
- Woolsthorpe 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.
- 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 21 September 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 21 September 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 21 September 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 21 September 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 21 September 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 21 September 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.

Woolsthorpe 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 Woolsthorpe Surgery

Woolsthorpe Surgery is based in the Vale of Belvoir at Woolsthorpe by Belvoir. It has approximately 1,431 patients. The practice's services are commissioned by SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The practice are the 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 who have 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 Woolsthorpe Surgery, Woolsthorpe by Belvoir, Grantham, Lincs. NG32 1LX

Why we carried out this inspection

We undertook a comprehensive inspection of Woolsthorpe Surgery on 21 September 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 'Woolsthorpe Surgery' on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Woolsthorpe 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 21 September 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, medication reviewed, management of medicines prescribed in secondary care 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 seven 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 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 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 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 had translated into changes to dispensary processes. 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. He had a report template used to ensure that the information was disseminated to all staff. He immediately changed this template 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. Since the last inspection cleaning spot checks were carried out and documented. They spoke to the cleaning company if any areas of concern were identified and all staff had now received up to date training. Infection control audits were undertaken on quarterly basis and an action plan had been put in place.

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.

Standard operating procedures (SOPs – which are written instructions about how to safely dispense medicines) were in place and had been reviewed in line with guidance to ensure staff were aware of their responsibilities in the dispensary.

The practice now had an effective system in place to ensure that medication reviews were conducted every 12 months or sooner if required and these were recorded. A policy had been put in place to provide guidance to staff. Quarterly audits were carried out to identify overdue reviews and ensure compliance. Monthly spot checks of prescriptions was also carried out to ensure the patient had been reviewed appropriately.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other

Are services safe?

disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. Since the last inspection the practice had reviewed the system they had in place in respect of medicines prescribed by

secondary care. A policy had been put in place to provide guidance to staff. A template was now available on the patient electronic system to enable clinical staff to add hospital prescribed medicines to the patient record for information.

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 21 September 2016, we rated the practice as requires improvement for providing well-led services as improvement 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.

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

The practice had strategy and supporting business plans in place which reflected the vision and values and were regularly monitored.

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 Stackyard Surgery.

Governance arrangements

At our most recent inspection we found that systems and processes had been fully reviewed and the practice now 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.
- 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.
- Practice specific policies were implemented and were available to all staff.
- Systems in place for emergency medicines had been reviewed and updated.

- Outstanding issues in regard to infection prevention and control. For example, a review of the infection control policy, documentation of cleaning spot checks and completion of infection control training for all GPs who work at the practice had been completed.
- The process for medicine reviews had been reviewed and updated which enabled face to face review of all medicines where appropriate.
- The process for medicines prescribed by secondary care had been reviewed and updated to ensure it was on the patient electronic record screen and an alert was in place. 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. We spoke with the superintendent pharmacist who assured us that they would be documented going forward and changed the report template accordingly.
- A new process was in place to capture verbal complaints and concerns from patients and these were discussed as per the practice policy. The practice had made changes to its website to further enable patients to contact them. They had put in a 'you said – we did' board and this was used to further capture patient comments and actions taken by the practice.
- 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.
- The provider was aware of and had systems in place to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents.