

# Dorking 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

Overall rating for this service

Good



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 comprehensive inspection of this practice on 16 June 2015. Breaches of legal requirements were found during that inspection within the safe domain. Concerns were identified at the main practice and at the branch surgery Hillside Surgery. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following, that the provider must:

- Ensure that medicines are stored safely so as not to allow unauthorised access and that all medicines are reviewed for expiry dates.
- Ensure that the appropriate action has been recorded where fridge temperatures are above the recommended temperature range .
- Ensure that handwritten prescriptions tracked through the practice at all times.
- Ensure that the cold chain for medicines has been validated
- Monitor cleaning standards throughout the practice and ensure that the infection control audit accurately reflects the standard of cleaning and cleaning records.

We undertook this announced focused inspection on 3 March 2016. We visited the main surgery and at the branch surgery to check that the provider had followed

their action plan and that the actions taken by the provider had met legal requirements. At this inspection we found that the provider was now meeting all requirements and was rated by us as good under the safe domain. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings across the areas we inspected on 03 March 2016 were as follows:-

- Medicines storage did not allow unauthorised access and since our comprehensive inspection a new policy had been put in place for the reviewing of expiry dates. At this inspection, the medicines we reviewed were all in date.
- Staff had been re-informed of the appropriate action to take if fridge temperatures were above or below the recommended temperature range. Staff we spoke with were able to tell us the action to be taken. Fridge temperatures were recorded on a daily basis and none of these had been above or below the recommended range since the last inspection.
- Blank prescriptions were now tracked through the practice at all times and this was recorded centrally on the practice computer system.

# Summary of findings

- Medicines transported from the main surgery to the branch surgery were suitable transferred and the cold chain validated.
- Cleaning standards throughout the practice were routinely monitored and infection control audits accurately reflected the standard of cleaning.

**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 Good for delivering Safe services

Good



At our last inspection, a comprehensive inspection undertaken on 16th June 2015, the practice was rated by us as requiring improvement for providing safe services. There were areas where it needed to make improvements. Previously we found that some medicine refrigerators were not secure allowing unauthorised access and appropriate action had not been taken when fridge temperatures were recorded above the recommended temperature range, this posed a potential risk of harm to patients. The cold chain for medicines had not been validated and four items were past their expiry date. We also noted that handwritten prescriptions were not tracked through the practice at all times. The standards of cleaning at the practice were inconsistent and we found that some high surfaces had not been cleaned adequately.

At this inspection, we found that medicines stored in refrigerators were secure from unauthorised access. Fridges were all locked and in rooms that were also lockable. Medicines we reviewed were all in date and the practice had created a new policy for the reviewing of expiry dates.

Staff had been re-informed of appropriate action to take if fridge temperatures were above or below the recommended temperature range. Staff we spoke with were able to tell us the action required. Fridge temperatures were recorded on a daily basis and none of these had been above or below the recommended range since the last inspection.

Blank prescriptions were stored securely and were tracked through the practice at all times. Staff were able to show us the tracking system recorded centrally on the practice computer system.

Medicines transported from the main surgery to the branch surgery were suitably transferred and the cold chain validated. Medicines were carried in a suitable medical cool bag and temperatures were taken when medicines were placed in the bag and also when medicines were taken out of the bag to ensure that the medicines had stayed within the required temperature ranges. Staff also told us that if the journey took longer than 30 minutes, medicines would automatically not be used in case they were compromised.

# Summary of findings

We found that the practice had maintained appropriate standards of cleanliness and hygiene. Cleaning standards throughout the practice were routinely monitored and infection control audits accurately reflected the standard of cleaning. No areas of concern were found by us during this inspection.

# Dorking Medical Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

16 June 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

During the inspection of 16 June 2015, breaches of legal requirements were found. As a result, we undertook a focused inspection on 3 March 2016 to check whether action had been taken to make services safe and to deal with the regulation breaches.

# Are services safe?

## Our findings

### Medicines management

At our previous inspection, we found the practice had not ensured that medicines stored in medicine refrigerators were only accessible to authorised staff. Refrigerator temperature checks were carried out however, we found one set of records indicated that the refrigerator had been above the recommended temperature range. There was no evidence that actions had been taken as a result. Vaccines transported from the main practice to the branch surgery did not validate the cold chain. At our previous inspection, most of the stock medicines we checked were within their expiry dates, with the exception of four items which were past their expiry date. Both blank prescription forms for use in printers and those for hand written prescriptions were stored in accordance with national guidance. However, only the prescription forms used in printers were tracked through the practice at all times.

At this inspection, we found that medicines stored in refrigerators were secure from unauthorised access. We reviewed the medicine fridges at both the main surgery and at the branch surgery (Hillside Surgery). We found that all fridges were locked and the keys were not accessible to patients or non-authorised staff. The fridges were also in rooms that were lockable. Medicines we reviewed at both the main surgery and the branch surgery were all in date and the practice had created a new policy for the reviewing of expiry dates. There was a traffic light system in place which meant that medicines due to expire within one month had a red sticker and medicines due to expire within six months had an orange sticker.

We saw evidence of communication with staff, re-informing them of the appropriate action to take if fridge temperatures were above or below the recommended temperature range. Staff we spoke with were able to tell us the action required. We saw records of each of the fridge temperatures recorded on a daily basis and none had been above or below the recommended range since the last inspection.

We saw evidence that blank prescriptions were stored securely and were tracked through the practice at all times.

Staff were able to show us the tracking system recorded centrally on the practice computer system which included recording the prescription serial code, the date and the GP this was given to.

Medicines transported from the main surgery to the branch surgery were suitably transferred and the cold chain validated. Medicines were carried in a suitable medical cool bag and temperatures were recorded when medicines were placed in the bag and when medicines were taken out of the bag to ensure that the medicines had stayed within the required temperature ranges. Staff also told us that if the journey took longer than 30 minutes medicines would automatically not be used in case they were compromised.

### Cleanliness and infection control

At our previous inspection, we found the standards of cleaning at the practice were inconsistent. We found some high surfaces had not been cleaned within the treatment rooms and observed dust on some of the GP models used to explain medical conditions. We also noted that there was dirt and debris underneath a moveable chest of drawers. The monthly cleaning records we reviewed showed gaps in areas that had not been cleaned. For example, a damp-wipe of desk surfaces, and high and low surfaces. The infection control audit had failed to pick up the gaps in the cleaning records to address this issue.

At this inspection, we found that the practice had maintained appropriate standards of cleanliness and hygiene. Cleaning standards throughout the practice were routinely monitored and infection control audits accurately reflected the standard of cleaning. We reviewed the daily, weekly and monthly cleaning records, which recorded all areas cleaned. For example, damp-wipe of desk surfaces, and high and low surfaces. All of these areas had been adequately cleaned. The practice manager informed us that they reviewed the standard of cleaning constantly and had de-cluttered the rooms and re-enforced the clear desk policy. The practice had also changed the time of the cleaners to ensure greater access to the consulting and treatment rooms. This had allowed the cleaning staff to be more thorough in their cleaning without disrupting GPs or nurses consulting times.