

# Whitby Group Practice

## Quality Report

Spring Vale Medical Centre  
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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 at Whitby Group Practice on 6 October 2016. The overall rating for the practice was good, with the key question of safe rated as requires improvement as the arrangements in respect of medicines management did not assure that risks had been minimised. The full comprehensive report published on 15 December 2016 can be found by selecting the 'all reports' link for Whitby Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 13 June 2017 to confirm that the practice

had carried out their plan to meet the legal requirements in relation to the breach of regulation we identified in our previous inspection on 6 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- Care and treatment was provided in a safe way for service users through the proper and safe management of medicines for the purposes of the regulated activity.

**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.

At this visit we checked to ensure medicines were handled safely. There had been concerns at the previous inspection about the way that medicines were managed. At this inspection we saw that improvements had been made to address the issues identified.

**Good**



# Whitby Group Practice

## Detailed findings

### Our inspection team

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

A CQC pharmacist specialist carried out this focused inspection.

## Background to Whitby Group Practice

Whitby Group Practice, Spring Vale, Whitby, North Yorkshire, YO21 1SD. There is a large car park available at the practice. The practice is in a purpose built building with disabled access and consulting and treatments rooms available on the ground floor. There is one branch practice, Robins Hoods Bay, Station Road, Robin Hoods Bay, North Yorkshire, YO22 4RA.

The practice has a Primary Medical Services contract with NHS England, North Yorkshire, Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG). The total practice patient population is 14,273 covering patients of all ages. The practice and branch practice are a 'dispensing practice' and is able to dispense medication to patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 65 years and over age group is representative of the England average. The practice scored five on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The staff team comprises 15 GPs (eight female and seven male). This equated to 8.25 GP partners and a full time GP. There are nine registered nurses of varying grades, one

outreach nurse, two research nurses and seven health care assistants. The practice is managed and supported by one practice manager, one deputy practice manager, one finance manager, three heads of department, four receptionists, three records clerks, two secretarial support, seven dispensers and six cleaners.

The practice is a training practice for medical students from the Hull York Medical School. It takes up to four GP specialist trainees and year four and five medical students, second year foundation doctors and nursing students. The practice is also a research practice and has a GP who leads in research along with two research nurses. The practice also provides GP and minor injuries cover to the local community hospital and provide support to the local hospice.

The practice reception is open Monday to Friday 8am until 6.30pm (excluding bank holidays), with appointments being available between 8.30am and 11.30am, 3.00pm and 5.30pm with extended hours on a Thursday between 6.30pm and 8.00pm. The branch practice at Robin Hoods Bay was open between 8.30am and 12.30pm and 2pm and 5.30pm Monday to Friday with the exception of Wednesday when it was open 8.30pm – 12.30pm. Appointments were available at the same time as the opening hours. The practice operates a telephone triage system for urgent appointments, through the use of a duty doctor. Face to face appointments are available daily for patients at the walk in clinic held each morning. The practice telephones switch to the out-of-hours provider at 6.30pm each evening and at weekends and bank holidays. The practice is a teaching practice and teaches third and fifth year medical students.

# Detailed findings

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Whitby Group Practice on 6 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good, with the key question of safe rated as requires improvement. The full comprehensive report published on 15 December 2016 can be found by selecting the 'all reports' link for Whitby Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection of Whitby Group Practice on 13 June 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

We carried out an announced visit on 13 June 2017. We spoke with staff from the practice that were involved with or had responsibility for the management of medicines. We looked at records the practice maintained in relation to the provision of services.

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

Is the service safe? This is because the service was not meeting some legal requirements relating to the safe management of medicines.

# Are services safe?

## Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of medicines management did not assure that risks had been minimised.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing safe services.

The practice had reviewed their procedures for repeat prescribing. A warning system had been added to the computer to flag a record when a medicines review was overdue. Staff were clear on the procedures for issuing prescriptions and how to task GPs when the review date was overdue. On the day of the inspection no prescriptions we checked had overdue medicines reviews listed. In addition the practice used 'medicines under review' (MUR) stickers to highlight those prescriptions that were coming up for review. This meant that staff were prompted to book appointments when medicines were being handed out. We checked prescriptions awaiting collection and found all were signed and were dated within the last three months. Stickers were placed on prescriptions with a different colour highlighting a different month to aid the process of reviewing those that had not been collected. Staff told us that monthly checks were completed to ensure prescriptions were collected; for items not collected, a note was made in the patients record and tasks were sent to the GP.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were held at both sites. At the last inspection we found stock balances were not checked regularly. At this inspection we saw that a system had been put in place to

ensure that checks occurred monthly. The practice had also set up a rota system for all dispensary based tasks; each task had a lead and second person who was trained in that area and held responsibility if the lead person was off.

At the previous inspection we found that there was no formalised system to check stock medicines were within their expiry date. At this inspection we saw that a full expiry check had been completed and all expiries were added to the computer system at the point of barcoding. A report was then published monthly which highlighted medicines which were going out of date. Actions taken were recorded and signed by the person who had completed the checks.

A near miss book had been set up after the last inspection. The entries were detailed and comprehensive. Near misses were a standard agenda item at the dispensary team meetings. The minutes demonstrated that the near miss book was reviewed monthly and actions and learning was documented. Both sites were involved in the team meetings so that learning and issues could be shared to ensure all staff were up to date. To prevent errors whilst dispensing the practice had set up three clear roles, Dispenser, Reception and Floater. Medical staff knew that if they had a dispensary query they asked the floater to ensure that the dispenser and receptionist were not unduly interrupted.

At the previous inspection blank prescription forms were not stored securely in accordance with national guidance. At this inspection, prescription forms were stored securely and a system was in place to track prescriptions through the practice. In addition the practice had also set up a quarterly audit to ensure that systems and process were being followed and stock was accurate.

Security had been reviewed and locks had been added to doors at Robin Hood's bay surgery to increase the security at this practice.