

Morland House Surgery

Quality Report

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Oxford

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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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Summary of this inspection

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Overall summary

Letter from the Chief Inspector of General Practice

When we visited Morland House Surgery in February 2015 we found the practice had breached regulations, that were in force at that time, relating to the safe delivery of services.

We found the practice required improvement for the provision of safe services because improvements were needed in the way medicines were managed and some relevant staff checks had not been undertaken. Overall the practice was rated as good.

Morland House Surgery sent us an action plan that set out the changes they would make to improve the management of medicines and complete relevant staff checks. Subsequently they supplied information to confirm they had completed the actions.

This focused inspection was undertaken to check the practice was meeting the regulation previously breached. For this reason we have only rated the location for the key question to which this related. This report should be read in conjunction with the full inspection report of 25 February 2015.

We found the practice had made improvements since our last inspection. The information we received enabled us to find the practice was meeting the regulations that it had previously breached.

Specifically Morland House Surgery was:

- Operating a consistent system of ensuring tests required by patients taking high risk medicines were completed and dosage of prescribing undertaken based on the results.
- Ensuring all staff that undertook chaperone duties had completed a disclosure and barring service (DBS) check. (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Operating a consistent system to maintain security of blank prescriptions.
- Keeping emergency medicines under review and had risk assessed the medicines required.
- Carrying out robust monitoring of cleaning standards
- Monitoring clinical audit via weekly clinical review meetings.

Summary of findings

We have updated the rating for the safe domain for this practice to reflect the changes they made. The practice is now rated good for the provision of safe services.

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 safe. Since our last inspection in February 2015 systems had been put in place to assure safe patient care.

- All prescribers were ensuring appropriate tests had been completed for patients prescribed high risk medicines. Prescribing was undertaken based on the test results.
- Only staff who had completed a DBS check undertook chaperone duties.
- A consistent system was operated to maintain security of blank prescriptions.
- The medicines held for use in emergencies had been risk assessed and a medicine to counteract the effects of an overdose of prescribed opium substitutes had been added.
- Cleaning standards were monitored and reinforced.

Good



Morland House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop exercise was undertaken by a CQC inspector.

Background to Morland House Surgery

Morland House Surgery is located in a converted house which has been expanded over a number of years to provide services to approximately 10,400 patients. The practice is in a semi-rural location and a number of health professionals and other services visit the practice to offer local access. There are two GP partners and eight employed GPs. Seven of the GPs are female and three male. The practice holds a Personal Medical Service (PMS) contract to deliver care and treatment. (PMS contracts are negotiated with the local area team of NHS England).

The practice is open between 8am and 6.30pm every weekday. Extended hours surgeries are available on Wednesday until 7pm and every Saturday from 8am to 10.30am. Appointments are available from 8.30am and 11am and 3.30pm and 5.50pm.

All services are provided from Morland House Surgery, London Road, Wheatley, Oxfordshire, OX33 1YJ.

The practice has opted out of providing out of hours services to their patients. Out of hours provision is available from the local out of hours service provided by Oxfordshire NHS Foundation Trust by contacting NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection on 25 February 2015 and published a report setting out our judgements. We asked the practice to send a report of the changes they would make to comply with the regulations they were not meeting. We have followed up to make sure the necessary changes had been made and found the practice was meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited Morland House Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

How we carried out this inspection

Before undertaking this focused inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed information sent to us by the practice, including examples of medicines monitoring, their revised chaperone policy, cleaning monitoring process and prescription security system. We did not visit the practice because they were able to demonstrate that they had taken action to address the breaches of regulation found during the inspection of February 2015.

The practice had previously been found good in delivering effective, caring, responsive and well led services. Therefore we focused our review on the question of:

- Is it safe?

Detailed findings

We did not revisit our rating of good for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

When we visited the practice in February 2015 we found that some staff who had not received a DBS check were undertaking chaperone duties (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). This was found to have breached regulation 19, Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was a breach, at that time, of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers, which corresponds to regulation 19.

The practice told us in their action plan that they would ensure all staff undertaking chaperone duties in future would have undergone a DBS check. Subsequently the practice supplied us with their revised chaperone policy and evidence to confirm that all chaperone duties were undertaken by staff who had completed a DBS check. The practice had made the necessary improvement to meet the regulation.

Medicines management

When we visited the practice in February 2015 we found that the system to monitor and prescribe high risk medicines was not operated consistently. We also found the practice was not operating a consistent system to maintain security of blank prescriptions and the

requirements for emergency medicines had not been risk assessed. This was found to have breached regulation 12(g), Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was a breach, at that time, of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of Medicines, which corresponds to regulation 12.

The practice told us in their action plan that they would address the issues that gave rise to the breach of regulation. Subsequently the practice provided written evidence to confirm that:

- A risk assessment of the medicines held to deal with emergencies had been undertaken. A medicine to counter the effects of an overdose had been added to the emergency medicine stock.
- A prescription tracking system had been introduced. A sample record of the tracking undertaken was provided.
- The system to identify patients on high risk medicines who required tests prior to issue of their prescription had been reinforced. This meant all GPs followed the procedure to ensure prescriptions were not issued without the patient having received the relevant test.

Cleanliness and infection control

When we visited the practice in February 2015 we found inconsistent standards of monitoring of cleaning standards. The practice sent us evidence of improvement in their monitoring systems which included more frequent monitoring by appropriate staff and regular contact with the cleaners.