

Bolton House Surgery

Quality Report

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Date of inspection visit: 23 October 2015
Date of publication: 14/01/2016

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

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Why we carried out this inspection	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on Tuesday 16 December 2014. Breaches of legal requirements were found in relation to the safe management of medicines. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements. We undertook this focused inspection on 23 October 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

Our previous report also highlighted areas where the practice should improve:-

- Provide training to all staff on infection control and ensure that infection control is covered in the induction for all new staff.
- Undertake a formal risk assessment of the health and safety of the building on a regular basis which identifies the actions required to mitigate any risks.
- Provide training for all staff on safeguarding vulnerable adults.

- Ensure all staff have an annual appraisal which is agreed and documented.

Our key findings across the areas we inspected for this focused inspection were as follows:-

- Blank prescription forms were now handled in line with current guidance from NHS Protect.
- All staff had received training on infection control. Infection control was now included in the induction of new staff.
- The practice had undertaken a formal up to date risk assessment of the building and practice environment.
- All staff had received training on safeguarding vulnerable adults.
- All staff had had an up to date annual appraisal.

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 now rated good for delivering safe services.

At our last inspection we found that some systems and processes to address risks were not always implemented well enough to ensure patients were kept safe. For example, arrangements for printing, storing and recording blank prescriptions were not always in line with current guidance from NHS Protect on the security of prescription forms. At this inspection we found that the practice had implemented policies and procedures to ensure the proper and safe management of medicines.

Good



Bolton House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC General Practice 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 October 2014 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.

Breaches of legal requirements were found. As a result we undertook a focused inspection on 23 October 2015 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Medicines Management

At our last inspection we found evidence that blank prescription forms were not tracked through the practice or kept securely at all times in accordance with national guidance. At this inspection we saw evidence that the practice had implemented robust procedures to ensure the security of prescription forms. We saw evidence that the practice had drawn up a new protocol for the handling of blank prescription forms and that this had been shared with staff. We saw that blank prescriptions were now kept

in a locked drawer in a locked room which only authorised staff were able to enter. We saw that blank prescriptions could only be issued by a receptionist who kept a log of the serial numbers of the prescriptions which were issued to either the GPs or a practice nurse. Both the issuer and receiver of the prescriptions signed for the issuing and receipt of blank prescriptions. We also saw that arrangements were in place to ensure the security and tracking of prescription forms for use in the practice's printers. It was noted that the majority of prescribing was now generated through the practice's electronic prescribing system which had reduced the need to use blank prescription forms.