

Culverhay Surgery

Inspection report

The Culverhay Surgery
Wotton Under Edge
Gloucestershire
GL12 7LS
Tel: 01453843252
www.culverhaysurgery.com

Date of inspection visit: 14 Aug to 14 Aug 2018
Date of publication: 23/08/2018

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 location

Good 

Are services safe?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating April 2018 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

We carried out an announced comprehensive inspection at Culverhay Surgery on 10 April 2018. Overall the practice was rated as good for providing effective, caring, responsive and well-led services as well as overall. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report of the 10 April 2018 inspection can be found by selecting the ‘all reports’ link for Culverhay Surgery on our website at .

This inspection was an announced focused inspection carried out on 14 August 2018. The purpose was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified in our previous inspection on 10 April 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe services. Overall the practice remains rated as good.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Acute prescriptions for Controlled Drugs were signed by a GP before being dispensed to patients.
- There were systems and processes in place to ensure actions were taken when medicine fridges showed signs they had operated outside of the recommended safe temperature range.
- Systems in place had been reviewed and improved to ensure emergency medicines were in date.
- The practice had formalised processes in the dispensary so that medicines checks, including those for controlled drugs and near misses were recorded.
- There were arrangements in place to ensure only authorised staff had access to the dispensary.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector.

Background to Culverhay Surgery

The Culverhay surgery is located in the market town of Wotton Under Edge and provides primary medical services to approximately 6,200 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice provides its services at the following address:

The Culverhay Surgery,
Wotton Under Edge,
Gloucestershire,
GL12 7LS.

Information about the practice can be obtained through their website at:

The practice partnership includes two male GP partners. The practice also employs four female salaried GPs. The nursing team includes three practice nurses (one of whom is an independent prescriber) and a health care assistant. The practice management and administration team includes a practice manager, an IT manager and a range of administration and reception staff.

The Culverhay Surgery is also a dispensing practice. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The dispensary team includes a dispensary manager and two dispensers.

The practice is an approved teaching practice for qualified doctors training to become GPs and a training practice for medical students undertaking training to become qualified doctors. At the time of our inspection, the practice was supporting a GP registrar during their training.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice, shows the practice is in the least deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a higher than average patient population aged 65 and over.

The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Maternity and midwifery services.
- Surgical Procedures.
- Family Planning.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by CareUK via the NHS 111 service and are advised of this on the practice's website.

Are services safe?

We rated the practice as requires improvement for providing a safe service at the last inspection on 10 April 2018. We found gaps in systems for managing and storing of medicines.

The practice produced an action plan outlining the improvements it would make to address the shortfalls.

These arrangements had significantly improved when we undertook a follow up inspection on 14 August 2018. The practice is now rated good for safe services

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed their antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice had amended their Standard Operating Procedure (SOP) so that all prescriptions for controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) would be signed before dispensing. The

Are services safe?

practice demonstrated systems and processes had been reviewed and embedded in practice to ensure acute prescriptions for controlled drugs were always signed prior to being dispensed.

- Changes had been made for the storage of the controlled drug cabinet keys to ensure that access was restricted to authorised staff only.
- The practice now kept records for when the expiry date of medicines were checked in the dispensary.
- Near misses were recorded and reviewed to reduce the chances of similar errors occurring again.
- Staff monitored fridge temperatures daily to make sure they were in the safe range for storage of some medicines. There were systems and processes in place to ensure actions were taken when medicine fridges showed signs they had operated outside of the recommended safe range.
- The practice had reviewed its procedure for checking the emergency medicines and introduced a tamper evident seal. Checks were carried out weekly and the expiry dates of medicines were recorded.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.