

# Woolpit Health Centre

## 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 at Woolpit Health Centre on 5 December 2016. The overall rating for the practice was good, with requires improvement for providing safe services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Woolpit Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desk-based focused inspection to check they had followed their action plan and to confirm they now met legal requirements in relation to the breach identified in our previous inspection on 5 December 2016. This report only covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had an effective system in place for monitoring the medicines in GPs bags.
- The practice had updated the medicines searches that were completed quarterly, to ensure that

prescribing was in accordance with current best practice. There was an effective policy in place for patients on high risk medicines who had declined to attend for a review.

- Security arrangements for the dispensary had been reviewed and improved. Standard operating procedures had been reviewed and a system was in place to ensure this was completed on a regular basis and dispensing errors were discussed at team meetings.
- The practice had updated the training matrix to include infection control which had been completed by all staff. Infection prevention and control training was booked for July 2017.

Appraisals for most staff had been undertaken. Staff teams undergoing a restructure had undergone an informal appraisal process.

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?**

At the last inspection on 5 December 2016 we found that:

There was not an effective process in place to ensure medicines in GP bags were in date. We also found that the provider should undertake repeat searches for historic patient safety alerts which may remain relevant and have a process in place for patients on high risk medications who declined to attend for a review. The practice should have reviewed a number of the standard operating procedures and review security arrangements for the dispensary. The practice should have discussed dispensing errors identified within the practice and undertaken audits to ensure the quality of the dispensing service and ensure all staff had received infection control and prevention training.

Our desk-top focused inspection on 18 April 2017 found that:

- The practice had an effective system in place for monitoring the medicines in GPs bags. There was a clear log, identifying the dates that medicines expired and this had been implemented effectively.
- The practice had updated the drug related searches that were completed quarterly to include historic patient safety alerts.
- There was an effective policy in place for patients on high risk medications who had declined to attend for a review.
- Security arrangements for the dispensary had been reviewed and improved. Standard operating procedures had been reviewed and a system was in place to ensure this was completed on a regular basis. There was a procedure in place to ensure dispensing errors were discussed at meetings.

The practice had updated the training matrix to include infection control and continued to liaise with the local infection control and prevention teams to keep up to date with best practice. Infection prevention and control training had been booked for July 2017.

Good



# Woolpit Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based review was completed by a CQC lead inspector.

## Background to Woolpit Health Centre

The practice area covers the village of Woolpit and extends into the outlying villages. The practice offers health care services to around 13,600 patients. The practice was able to offer dispensing services to approximately 52% of its patient population who lived more than one mile (1.6km) from their nearest pharmacy. The dispensing service was integrated with a pharmacy which is separately regulated by the General Pharmaceutical Council.

The local team of district nurses are based in the building and a number of other health and social care professionals see patients at the practice. The practice holds a Personal Medical Service (PMS) contract, a locally agreed contract with NHS England. In addition, the practice also offers a range of enhanced services commissioned by their local CCG.

The practice has five male and one female GP partners, and three salaried GPs (two female and one male). The practice is a training practice and has three GP registrars and two Foundation Year two doctors. (A GP registrar is a qualified doctor who is training to become a GP. The foundation programme is a two year training programme for doctors who have just graduated from medical school). The team also includes three practice nurses and two health care assistants. Six receptionists are led by two head receptionists and there are four secretaries and two

housekeepers. The practice manager is supported by a practice manager's assistant. The dispensing service was provided from a pharmacy within the practice, which was staffed by pharmacists, technicians, counter staff and dispensers.

The practice was open between 7am and 7pm on Mondays, from 8am to 6.30pm Tuesdays to Fridays and from 8am to 11am on Saturdays. On weekdays, appointments were from 8.30am to 11.30am and 2pm to 5.40pm. On Mondays early appointments were available from 7am and evening appointments until 7.30pm. Appointments for an emergency surgery were held between 9am to 12noon and from 2pm to 6pm Monday to Friday. An emergency walk in surgery operates from 8am to 11am on Saturdays. A named GP was on duty for emergencies between 7am and 7pm Monday, from 8am to 6.30pm Tuesday to Friday and from 8am to 11am Saturday. Telephone appointments are available throughout the week which includes early morning telephone appointments from 7.30am on a Monday and from 8am Tuesday to Friday. Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)

We reviewed the most recent data available to us from Public Health England which showed that the practice demography is similar to the national average, but with less patients between the ages of 20 to 39 compared with the England average and an above average number of patients aged over 50.

Income deprivation affecting children is 9%, which is lower than the CCG average of 13% and national average of 20%. Income deprivation affecting older people is 8%, which is lower than the CCG average of 12% and national average of

# Detailed findings

16%. Male and female life expectancy at the practice is 82 years for males and 85 years for females. This is slightly above the CCG expectancy (81 years and 84 years) and the England expectancy (79 years and 83 years) respectively.

## Why we carried out this inspection

We undertook a comprehensive inspection of Woolpit Health Centre on 5 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with requires improvement for the safe domain. The full comprehensive report following the inspection on 5 December 2016 can be found by selecting the 'all reports' link for Woolpit Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Woolpit Health Centre on 18 April 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 spoke with the practice manager and reviewed the information received from the practice.

We have not revisited Woolpit Health Centre as part of this review because the practice were able to demonstrate they were meeting the standards without the need for a visit.

We carried out a desk-based review on 18 April 2017.

# Are services safe?

## Our findings

At our previous inspection on 5 December 2016, we rated the practice as requires improvement for providing safe services. We found improvements were needed in relation to safe care and treatment. In particular:

- There was not an effective process in place to ensure medicines in GP bags were in date.
- The management of safety alerts was not always fully effective; repeated searches for historic patient safety alerts which may remain relevant were not always undertaken.
- The practice did not have a process in place for patients on high risk medications who declined to attend for a review.
- Some standard operating procedures for the dispensary required reviewing. Security arrangements for the dispensary needed altering. Some dispensing errors were not always discussed with practice staff to ensure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice manager advised that infection control training had been undertaken, but certificates were not produced for all staff.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing safe services:

### Overview of safety systems and processes

- The practice had implemented an effective system for the monitoring of GP bags. They utilised a spreadsheet to document what was stored in each bag and the expiry dates of all of the medicines. The bags were checked by the senior dispenser or an appointed deputy monthly and the spreadsheet was updated.
- Security arrangements for the dispensary had been reviewed and improved to ensure safety.

- Standard operating procedures had been reviewed and a system was in place to ensure this was completed on a regular basis. The practice had updated the procedure to ensure staff were aware of their responsibilities.
- There was a procedure in place to ensure dispensing errors were discussed at monthly and quarterly meetings. An annual audit was scheduled to ensure there was learning from identified trends.

### Monitoring risks to patients

- The practice had updated the drug related searches that were completed quarterly to include historic patient safety alerts. Patients that had been identified on these lists were being monitored by the practice.
- The practice had implemented a policy for patients on high risk medications who declined to attend for a review. The policy included informing the patient and named GP when a review was one month overdue. If this extended to two months overdue, a dispenser would ring the patient and only issue weekly prescriptions at the GPs request. The dispensary team also placed a medication review label on the prescription and spoke to the patient on collection. The practice offered a GP telephone appointment if appropriate.

### Safe track record and learning

- The practice had updated the training matrix to include infection control. A GP and health care assistant were appointed infection prevention and control leads and continued to liaise with the local infection prevention and control teams to keep up to date with best practice. Infection prevention and control training had been booked for July 2017. The nursing team were also undertaking an audit on the appropriate use of sharps bins and planned to undertake an audit for hand washing. The infection control policy had been updated to reflect these changes.