

# Merchiston Surgery

## 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.

## Contents

### Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to Merchiston Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection of Merchiston Surgery Stratton St Margaret, Swindon, Wiltshire, SN3 4BF on 16 September 2015.

Our previous inspection on 21 October 2014 found breaches of regulations relating to the safe delivery of

services. We found the practice required improvement for the provision of safe services and was rated good for providing effective, caring, responsive and well led services. Overall the practice was rated as good.

This inspection was undertaken to check the practice was meeting regulations. For this reason we have only rated the practice for the key question relating to safety.

# Summary of findings

We found the practice was meeting the regulations that had previously been breached in relation to medicines management and recruiting staff safely.

We found that the practice had made other improvement in the way it processed pathology results and storage of emergency medicines and equipment.

Our key findings across all the areas we inspected were as follows:

- There was an updated medicines management policy to ensure there were safe medicine management systems. This policy reflected the current practice in place and included appropriate vaccine protocols.
- Medicines were held securely.
- The recruitment policy had been updated to reflect current legislation and recruitment procedures for each staffing group.

- Criminal background checks had been carried out through the Disclosure and Barring Service for those staff that required them.
- There was a clear system for the processing of pathology results and checks. These were undertaken twice daily to ensure that patients' abnormal results were responded to quickly.
- Emergency medicines and equipment was stored centrally and was easily accessible to staff.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led 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 providing safe services.

Since our last inspection there have been improvements made with systems of medicines management and the recruitment of staff.

Policies had been updated to reflect current guidance and practice for the recruitment of staff and the management of medicines.

Medicines were now stored securely and there were appropriate protocols in place to manage vaccines to ensure they were safe to use. Emergency medicines and equipment were held centrally and were easily accessible. Systems were in place to monitor pathology results and to further ensure patients were informed promptly of abnormal results.

**Good**



# Merchiston Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector and a second CQC inspector.

## Background to Merchiston Surgery

Merchiston Surgery is situated in a residential area of Stratton St Margaret, Swindon, Wiltshire, SN3 4BF. All registered regulated activities were carried out at this practice. The practice had approximately 14,100 registered patients. This included patients from the outlying villages of Blunsdon, Highworth, Shrivenham, South Marston, Bishopstone, Hinton Parva,

Wanborough and Liddington. The practice provides care and support to patients living in two nursing homes in the area. Based on information from NHS England this shows us that the practice has a larger than average population of older people.

The practice has six partners who employed six salaried GP. Of these 12 GPs there were three male and nine female GPs. Three practice nurses provided health screening and treatment five days a week.

The practice is located in purpose built premises with the main patient areas situated on the ground floor. The practice has six consulting rooms and two treatment rooms. The practice has a primary medical service contract with Swindon Clinical Commissioning Group.

The practice was open between the hours of 8am and 6:30pm Monday to Friday. Early morning appointments were available from 7am to 8am Monday and Friday each week. Evening surgeries were available between 6pm to 7:30pm Mondays and Tuesdays. The practice referred patients to the Out of Hours Primary Care Centre in Swindon for an out of hour's service to deal with any urgent patient needs when the practice was closed.

## Why we carried out this inspection

We undertook an announced focused inspection of Merchiston Surgery on 16 September 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 21 October 2014 had been made. We inspected the practice against one of the five questions we ask about services: Is the service safe?. This was because we found at our last inspection the service was not meeting some legal requirements

## How we carried out this inspection

Before visiting, the provider confirmed they had completed the actions which they had outlined in their action plan. During our visit we spoke with the practice manager, a practice nurse, the registered manager and a GP partner. The processes, records and documents we reviewed demonstrated how they had addressed the breaches of regulations identified during the comprehensive inspection in October 2014

# Are services safe?

## Our findings

### Medicines Management

At our last inspection on the 21 October 2014, we found medicines had not been stored securely. Facilities for medicines storage was not limited to authorised staff and medicine refrigerators were left unlocked.

At this inspection we found there were robust systems in place for the safe storage of medicines.

The practice had reviewed how it had stored medicines and had assessed the risks and changed their practice, to ensure only authorised staff had access to medicines stored at the practice. The provider had also fitted door access codes and only those staff who had been authorised to do so had access to the areas where medicines were held. There were plans in place to ensure door access codes were changed if staff left employment with the practice.

At our last inspection we found there were not appropriate arrangements in place to ensure vaccines were stored and monitored to ensure they were safe to use. We found there was not a written policy or procedure for the management of vaccines and specimens. For example, the refrigerator where specimens were kept was not monitored appropriately to ensure the appropriate temperature was maintained.

At this inspection we found the practice had reviewed its processes for receiving, handling and storage of medicines, vaccines and specimens. We observed that the practice had acquired new refrigerators and temperatures were monitored daily to ensure they were operating within the recommended range. A cold chain protocol was in place and included a cold chain failure process and vaccine disposal procedures should this be required.

### Staffing and Recruitment

At our last inspection we found the practice recruitment policy identified that criminal background checks through the Disclosure and Barring Service (DBS), would be obtained. However, the policy was not clear and did not

include what staffing group this applied to. We found some nursing staff had not had a DBS check. We also did not see information about any timescale or circumstances when DBS checks would be repeated.

On this inspection we saw the practice had updated the recruitment policy. We found the policy clearly identified who required a DBS check, and timescale for repeating checks. A risk assessment was completed for those who did not require a DBS check. We found staff now had DBS checks completed for those who were required to have one in place.

### Monitoring safety and responding to risk

At our last inspection we found there was not an appropriate system in place to ensure patients received their pathology results promptly. We identified there were delays in some pathology results not being checked promptly upon receipt. At the time the practice told us they were developing new protocols in order to manage these results more effectively so that any patients' potential problems were responded to quickly.

At this inspection we found the practice had updated the protocol for checking pathology and specimen results. There was a clear system for the processing of pathology results and checks undertaken twice daily to ensure that patients' abnormal results were responded to quickly. We found the practice had arrangements in place for when the patients' referring GP was not available to review the results. A nominated GP was also allocated time to check results each day and the operations manager monitored this system to ensure it was working effectively.

At our last inspection we found emergency equipment and medicines were stored in a room with a keypad entry. We identified there may be delays in responding to an emergency while staff retrieved equipment.

At this inspection we found that the practice had reviewed where it stored emergency equipment and medicines and had relocated it to a central location where it would be easily accessed by staff in an emergency. The practice told us they had also rehearsed retrieving the emergency equipment and medicines to ensure there would be no issues in an emergency situation.