

The Yoxall Practice

Quality Report

Yoxall Health Centre
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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 previously carried out an announced comprehensive inspection of The Yoxall Practice on 5 September 2016. The overall rating for the practice was good with requires improvement for providing a safe service. The full comprehensive report on the 5 September 2016 inspection can be found by selecting the 'all reports' link for The Yoxall Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified at our previous inspection on 5 September 2016. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The provider had implemented an effective system to manage the safe care of patients on high risk medicines.
- Effective checking systems were in place to ensure that emergency procedures are tested and emergency equipment is maintained and fit for use.
- Clinical staff completed annual refresher courses in basic life support training and non-clinical staff were required to complete the same refresher course bi-annually.

- Actions identified as required in the infection prevention control audits had been completed or planned.
- Learning from significant events had been shared with appropriate staff, and following review, resultant action taken. There had been a significant increase in the number of events recorded.
- The provider had implemented an effective system to monitor the use of prescription pads and forms.
- The provider had risk assessed the process of taking repeat medication requests by telephone. Individual cases were reviewed where the cessation of this service may result in a detrimental impact on an individual's care.
- Audits had been carried out to ensure nationally recognised clinical guidelines are followed.
- The practice had adopted a proactive approach in identifying patients who also act as carers. This included the appointment of a carers' lead and liaison with the local secondary school to help identify young carers.
- Verbal complaints had been recorded to enable trends to be identified and the wider practice team were involved with reviewing complaints.

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.

- The system for reporting, recording and learning from significant events had been improved. Significant events were seen to have been shared with the full practice team and there had been a significant increase in the number of events recorded.
- The appointed lead for infection prevention control (IPC) carried out audits in line with nationally recognised guidelines. Actions identified through audit had been completed or planned.
- There was a tracking system to minimise the risk of prescription pads being used for fraud.
- The provider had an effective system to monitor those patients on high risk medicines.
- Effective systems were in place to check equipment and monitor procedures to deal with emergency situations.

Good



The Yoxall Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector.

- A practice manager, a deputy practice manager and a finance officer.
- An advanced nurse practitioner, a healthcare assistant and four dispensers.
- A medical secretary and four reception/administration support staff.

Background to The Yoxall Practice

Yoxall Health Centre is part of the NHS East Staffordshire Clinical Commissioning Group. The total practice patient population is 4,948. The age profile of patients shows a higher than average percentage of elderly patients, 28% are aged 65 and over compared to the national average of 17%. Yoxall Health Centre is a rural practice located close to Burton on Trent in Staffordshire. The premises is a purpose built building owned by the partners and a retired ex-partner.

The staff team comprises of two GP partners (one male, one female) and one salaried GP (female). The GPs work a combined total of 22 clinical sessions per week. The provider has a dispensary within the premises and employs a practice pharmacist.

The practice is open each weekday from 8am to 6pm. Extended hours are offered on a Monday evening between 6.30pm and 9pm. The practice has opted out of providing cover to patients outside of normal working hours. Staffordshire Doctors Urgent Care provides these out-of-hours services.

In addition to the partners there are 15 permanent staff in total, working a mixture of full and part times hours. Staff at the practice include:

The practice provides long-term condition management including asthma and diabetes. It also offers child immunisations, minor surgery and travel vaccinations. The practice offers NHS health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide a number of Directed Enhanced Services (DES) that include offering extended hours access, minor surgery and the childhood vaccinations and immunisation scheme.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is 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.

We previously undertook a comprehensive inspection of The Yoxall Practice on 5 September 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 in providing a safe service. The full

Detailed findings

comprehensive report following the inspection on 5 September 2016 can be found by selecting the 'all reports' link for The Yoxall Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Yoxall Practice on 6 July 2017. This inspection was carried out to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice.

During our inspection we:

- Spoke with a GP partner and the assistant practice manager.
- Checked documents that contained records of safety checks carried out.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 5 September 2016, we rated the practice as requires improvement for providing safe services. This was because:

- There was no effective system to manage the safe care of patients on high risk medicines.
- The emergency procedures had not been regularly tested and the emergency equipment not always maintained.

We issued a requirement notice in respect of the procedure for repeat prescribing of high risk medicines and the testing and checking of emergency procedures and equipment. We found arrangements had significantly improved when we undertook a follow up inspection of the service on 7 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The provider had increased the number of significant events recorded. There had been 26 significant events recorded and reviewed since the September 2016 inspection, a significant increase from the two events recorded between September 2015 and August 2016. Significant events were shared with all staff at quarterly meetings as a standing agenda item. An electronic record of event recording included any actions taken, for example, a trend in dispensing errors found through the internal checking system had been identified and acted on.

At the September 2016 inspection, we found that although annual infection prevention control (IPC) audits were undertaken, these had not been carried out by the IPC lead, and action had not been taken to address identified improvements. When asked, the infection prevention control lead was not aware of the audit. At this inspection, we found the provided had changed the process so that the IPC lead carried out the audits. Areas for improvement had been actioned, for example; new foot-operated bins had replaced those that required lids to be lifted by hand and a cleaning schedule had been implemented for the privacy curtains.

Prescription pads and forms were found to be securely stored but not tracked when we inspected in September

2016. At this inspection, we saw that a system had been implemented to monitor the use of blank prescription pads. This included the signing out and signing in of prescriptions taken when carrying out a home visit.

Monitoring risks to patients

At the September 2016 inspection, we found processes for handling repeat prescriptions of high risk medicines were not always effective, monitoring had not always been carried out in line with the practice guidelines. At this inspection, we found that an effective system had been implemented to manage all patients on high risk medicines. The provider implemented a policy and protocol for the prescribing of high risk medicines and monitoring and follow up was carried out on each patient. We checked 26 patients on a high risk medicine used for the treatment of cancer and rheumatoid arthritis; 20 patients had been tested in the last three months, four were monitored in hospital (the practice followed up to obtain the detailed results before prescribing), one had stopped taking the medication in the past week and one had been contacted on multiple occasions and asked to make an appointment to be tested.

At the September 2016 inspection there were areas identified where improvements were required in the checking of emergency equipment and procedures:

- Regular fire evacuation drills had not been carried out.
- Not all clinical staff had completed a basic life support refresher course in the previous 18 months.
- Emergency medicines were available but not easily accessible to staff (they were kept in secure areas of the practice but not together and not all staff knew of their location).
- The oxygen cylinders had exceeded their expiry dates.

At this inspection, we found that action had been taken in each of the areas identified:

- Fire evacuation drills had been carried out once every six months (the most recent was carried out on the 19th April). A review was undertaken and documented after each drill.
- A policy had been introduced that stated all clinical staff should receive annual basic life support refresher training and non-clinical staff bi-annual refresher

Are services safe?

training. We reviewed evidence that this training had been carried out and the provider told us those staff unable to attend were required to complete the course externally at the earliest opportunity.

- Emergency medicines had been moved so that they were stored in a single area and staff had been made aware at a practice meeting.

- A contract had been awarded to a third party provider to supply and monitor the oxygen cylinders. In addition the provider carried out their own monthly checks. The cylinders were found to be in date.