

# Mere Surgery

## Quality Report

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Date of inspection visit: The evidence provided by the practice enabled the Care Quality Commission to conduct this review without the need for a visit.  
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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	
Are services effective?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

When we visited Mere Surgery on 23 February 2016 to carry out a comprehensive inspection, we found the practice had breached regulations relating to safe care and treatment, receiving and acting on complaints, good governance and staffing. The practice was rated as requires improvement for safe, effective, responsive and well-led, and good for caring. Overall the practice was rated as requires improvement.

Following the inspection, the provider sent us an action plan that set out the actions they would take to meet the breached regulations.

This focused desk based inspection was undertaken on 14 November 2016 to check the practice was meeting the regulations previously breached. For this reason we have only rated the location for the key questions to which this

inspection related. This report should be read in conjunction with the full inspection report of our inspection in February 2016. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Mere Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found the practice had made improvements since our last inspection. From the information we received, we found the practice was meeting the regulations that it had previously breached.

We have changed the rating for this practice to reflect these changes. The practice is now rated as 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?

When we inspected Mere Surgery in February 2016, they were rated as requires improvement for the provision of safe services. The practice took action to address the issues we found and prior to this inspection the practice sent us information confirming the action they had taken. We reviewed the information the practice sent us and found:

- The practice had reviewed and updated the processes for managing significant events, safety records and incident reports.
- They had a standardised agenda for meetings which included significant events and complaints. We saw minutes of meetings where these were discussed. Staff unable to attend a meeting were notified by email to ensure they received and read the minutes.
- The practice had a new prescription security policy and stock control log for blank prescription forms.
- The practice's policies and procedures were stored in one place on their computer system which all staff had access to. This included the safeguarding and medicine management policies.

Good



### Are services effective?

When we inspected Mere Surgery in February 2016, they were rated as requires improvement for the provision of effective services. The practice took action to address the issues we found and prior to this inspection the practice sent us information confirming the action they had taken. We reviewed the information the practice sent us and found:

- That all staff had received training in the Mental Capacity Act.
- The Mental Capacity Act had been added to the practice's training and development plan and to the induction check list.

Good



### Are services responsive to people's needs?

When we inspected Mere Surgery in February 2016, they were rated as requires improvement for the provision of responsive services. The practice took action to address the issues we found and prior to this inspection, the practice sent us information confirming the action they had taken. We reviewed the information the practice sent us and found:

Good



# Summary of findings

- There was a notice in the practice waiting area informing patients about the complaints process and the practice told us that a complaints leaflet was available from the receptionists. This information was also available on the practice website.
- They had a standard operating procedure for dealing with complaints which included setting out the process for reviewing complaints on an annual basis.

## Are services well-led?

When we inspected Mere Surgery in February 2016, they were rated as requires improvement for the provision of well-led services. The practice took action to address the issues we found and prior to this inspection the practice sent us information confirming the action they had taken. We reviewed the information the practice sent us and found:

- The practice had improved their information systems.
- They had arrangements in place to ensure lessons learnt from significant events and complaints were recorded and shared with all staff as appropriate.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the five domains means the rating for this population group is now rated as Good.

Good



### People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the five domains means the rating for this population group is now rated as Good.

Good



### Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the five domains means the rating for this population group is now rated as Good.

Good



### Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the five domains means the rating for this population group is now rated as Good.

Good



### People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the five domains means the rating for this population group is now rated as Good.

Good



### People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the five domains means the rating for this population group is now rated as Good.

Good



# Mere Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our focussed desk based inspection was undertaken by a CQC Inspector.

### Why we carried out this inspection

We carried out a comprehensive inspection of Mere Surgery in February 2016 and published a report setting out our judgements. Overall the practice was rated as Requires Improvement. We found the practice had breached regulations relating to; safe care and treatment, receiving and acting on complaints, good governance and staffing. We undertook a focussed desk based inspection on 14 November 2016 to check that the practice had taken the actions they told us they would make to comply with the regulations they were not meeting at the previous inspection.

### How we carried out this inspection

We undertook a focussed desk based inspection of Mere Surgery on 14 November 2016. This was carried out to check that the practice had completed the actions they told us they would take to comply with the regulations we found had been breached during a comprehensive inspection in February 2016.

To complete this focused desk based inspection we:

- Asked the practice to send us evidence to demonstrate they had carried out the actions they had set out in their action plan.
- We reviewed the information they provided.

Because this was a focussed desk based inspection we looked at four of the five key questions we always ask:

- Is it safe?
- Is it effective?
- Is it responsive to people's needs?
- Is it well-led?

# Are services safe?

## Our findings

When we inspected Mere Surgery in February 2016 they were rated as requires improvement for the provision of safe services. During the inspection we found a number of breaches of regulation which led to this rating. For example:

- The practice was unable to show evidence that lessons learnt from significant events, safety records and incident reports, were adequately shared to make sure action was taken to improve safety in the practice.
- Blank prescription forms were not kept adequately secure overnight and the stock control process did not adequately record how blank prescription pads were being monitored.
- Not all Patient Group Directions (PGDs) had been signed locally by an authorised clinician and not all had been signed by nurses operating under them. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

We also advised that the provider should;

- Ensure the medicines management policy, including the cold chain policy, was easily available to all clinical and dispensary staff.
- Ensure that dispensary staff have the knowledge and skill to carry out duties relevant to their position.
- Carry out a risk assessment on the security of the building to include the dispensary and patient files and take reasonable action to mitigate risks identified.

Following publication of our inspection report, the practice provided us with an action plan of the changes they would implement. We reviewed the information the practice sent us prior to this inspection.

### Safe track record and learning

The practice had reviewed and updated the processes for managing significant events, safety records and incident reports.

- They had a new procedure to deal with alerts which ensured that any action required was clearly identified and recorded, and shared with other appropriate staff.

- They had a standardised agenda for meetings which included significant events and complaints. We saw minutes of meetings where these were discussed. Staff unable to attend a meeting were notified by email to ensure they received and read the minutes.
- New forms had been developed to record significant events.
- There was a register to log all significant events and concerns which was reviewed every six months. This log included details of which staff teams any learning points should be shared with.

### Medicines Management

Since our last inspection the practice had reviewed and updated a number of their medicines management procedures.

- The practice had introduced a new standard operating procedure for dealing with Patient Group Directions (PGDs). (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.) The practice had conducted an audit of the new procedure in September 2016.
- The practice had a new prescription security policy and stock control log for blank prescription forms. The policy set out procedures to ensure all blank prescription forms were locked away overnight and the blank pads were monitored. The practice had carried out an audit of the new procedure and had revised their procedure based on the finding from the audit. The practice plan to repeat the audit quarterly to ensure the new system is embedded in the practice.
- The practice had revised their medicine management policies. This included a revised vaccine fridge and cold chain monitoring procedure. There was a new procedure for managing medicines alerts that was overseen by the practice manager. The policies were stored in one place on the practice's computer system which all staff had access to.

### Monitoring risks to patients

## Are services safe?

We saw evidence the practice had carried out a fire drill in June 2016. As a result of the learning points identified they had revised their fire emergency plan and their method for recording which staff took part in the fire drill.

The practice's plan to upgrade the building had been delayed and therefore some of the planned security upgrades had not yet happened. The practice told us that instead they had consulted with a fire prevention officer to carry out a risk assessment to identify ways of increasing

security within the building without compromising fire safety. As a result the practice has fitted additional locks on doors. The practice told us that some of the improvement works identified by the risk assessment were still to be completed.

All of the above actions had ensured that Mere Surgery was operating with safe systems in place.



# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected Mere Surgery in February 2016 they were rated as requires improvement for the provision of effective services. During the inspection we found that not all clinical staff had an appropriate level of knowledge of the Mental Capacity Act, which was a breach of the regulations.

We also noted that of some staff we spoke with were lacking knowledge in some areas. For example, neither the practice manager nor dispensers could find the medicines management policy or the cold chain policy and were unsure what to do if they found the fridge was running at a high temperature.

Following publication of our inspection report, the practice provided us with an action plan of the changes they would implement. We reviewed the information the practice sent us prior to this inspection.

### Effective staffing

We reviewed the information sent to us regarding staff training at the practice and found:

- The Mental Capacity Act had been added to the practice's training and development plan, and to the induction check list.
- We saw evidence that all staff had received training in the Mental Capacity Act.
- We saw evidence that staff had completed other training such as the administration of vaccines and managing repeat prescriptions.
- We saw evidence that dispensing staff had undergone an annual dispensing competency check.

All of the above actions had ensured that Mere Surgery was operating with effective systems in place.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

When we inspected Mere Surgery in February 2016 they were rated as requires improvement for the provision of responsive services.

During the inspection we found the practice was unable to find the complaints policy, there was no information about how to complain in the practice's waiting area or on the practice's website. Lessons learnt from concerns and complaints were not adequately shared with other staff, which was a breach of the regulations.

Following publication of our inspection report, the practice provided an action plan of the changes they would implement. We reviewed the information the practice sent us prior to this inspection.

- There was a notice in the practice's waiting area informing patients about the complaints process and the practice told us a complaint leaflet was available from the reception team. This information was also available on the practice's website.
- The practice had a standard operating procedure for dealing with complaints which included setting out the process for reviewing complaints on an annual basis.
- We saw minutes of meetings which showed that complaints and learning from them was a standard item on the agenda.

All of the above actions had ensured that Mere Surgery was operating with responsive systems in place.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

When we inspected Mere Surgery in February 2016 they were rated as requires improvement for the provision of well-led services. During the inspection we found:

- The practice was going through the process of moving their policies and procedures to an intranet based system so the information could be more readily accessed and on the day of our inspection some policies, such as the medicines management policy and complaints policy, could not be found.
- The lead dispensary administrator had left the previous week and neither the practice manager nor the remaining dispensing staff were aware of the procedures to follow in relation to the storage of vaccines and recording of fridge temperatures.
- We were told of an event the previous week when a member of the reception team had raised a

safeguarding concern with the duty GP as the safeguarding lead was not on duty. When we asked to see the documentation regarding this it could not be found.

Following publication of our inspection report, the practice provided an action plan of the changes they would implement. We reviewed the information the practice sent us prior to this inspection.

- We saw evidence that the practice had improved their information systems and all policies were now on their intranet.
- They had arrangements in place to ensure lessons learnt from significant events and complaints were recorded and shared with all staff as appropriate. The practice had reviewed these arrangements since our last visit.

All of the above actions had ensured that Mere Surgery was operating with responsive systems in place.