

Broadway Surgery

Quality Report

Wellsbourne Health Centre
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Website: This practice does not have a website

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 11 February 2016. Breaches of legal requirements were found in relation to the safe management of medicines, staff training and infection control. We issued the practice with a warning notice requiring them to achieve compliance with the regulations set out in the warning notice by 29 April 2016.

We undertook this focused inspection on 12 May 2016 to check that they now met the legal requirements. This report only covers our findings in relation to those requirements.

Our key findings across the areas we inspected for this focused inspection were as follows:-

- Effective arrangements were in place to ensure medicines were stored at the correct temperature
- The practice had systems to monitor the prescribing of high risk medicines.

Summary of findings

- Prescribing patterns had been reviewed with the clinical commissioning group and the practice had implemented an action plan
- Robust arrangements were in place for undertaking medication reviews with patients when the authorised number of repeat prescriptions had been passed.
- Concerns relating to infection control had been addressed
- Staff had received up to date training on chaperoning, infection control and basic life support

The areas where the provider must make improvements are:-

- Store prescription pads securely at all times and track their use through the practice.

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 our inspection on 11 February 2016 we found that the practice did not have effective arrangements in place for managing medicines, including emergency drugs and vaccines were not in place. There were no systems in place for monitoring the prescribing of high risk medicines. Reliable systems for infection control were not in place. This included a lack of staff training and poor practice. Not all staff had the training they required which included basic life support and chaperone training.

During this inspection we found that the practice had made significant progress in ensuring that arrangements for infection control and the management of medicines were safe. We also saw that staff had received the training they required in relation to infection control, basic life support and acting as a chaperone.

However, the practice had not put a system in place for ensuring the security of blank prescription forms.

Broadway Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC General Practice Inspector and a CQC Pharmacist Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

11 February 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was 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. Breaches of legal requirements were found and a warning notice was issued in relation to the safe management of medicines, staff training and infection control. As a result we undertook a focused inspection on 12 May 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Medicines Management

At our last inspection in February 2016 the practice did not have arrangements in place for the safe and effective management of medicines of. As a result, we issued the practice with a warning notice requiring compliance with legal requirements by 29 April 2016.

At the inspection on 12 May 2016, practice staff were able to explain and demonstrate the actions they had taken following our inspection. Practice staff showed us how they monitored and recorded the medicines fridge temperature and the escalation plan in the event of malfunction. The keys to the medicines cupboards were kept securely when not required.

The practice had worked with the pharmacy team from the local clinical commissioning group to develop an action plan to review antibiotic and hypnotic medicines prescribing. We saw that this had been implemented. The practice had reviewed their repeat prescribing system and administrative staff were not able to generate repeat prescriptions if the authorised number of repeat prescriptions had been exceeded. The practice had introduced a system for monitoring high risk medicines to ensure the required tests have been undertaken and reviewed prior to the generation of a repeat prescription.

However whilst the practice had introduced a system to track prescription pads, the records were incomplete and

not all blank computer prescriptions were stored securely. For example, we saw that blank computer prescriptions were left in printer trays in an unlocked and sometimes unoccupied treatment room. This meant there was a risk of theft or misuse.

Infection Control

At our last inspection in February 2016 the practice did not have effective arrangements in place for preventing, detecting and controlling the spread of, infections,

At this inspection we found that the practice maintained appropriate standards of cleanliness and hygiene. We saw that sharps bins were correctly labelled and not over full. We saw that there was a soap dispenser in the female patient toilet and that there was a good supply of soap. We saw that all staff had received recent training on infection control. For two staff members who had been unable to attend the training arrangements had been made for them to do so in the near future.

Staff Training

At our last inspection in February 2016 the practice had not ensured that staff providing care or treatment to patients had the competence, skills and experience to do so. This included chaperone training and basic life support training.

At this inspection we saw evidence to show that all staff had received training on the role of the chaperone. We also saw that all staff had received up to date training on basic life support and resuscitation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have proper arrangements in place for the safe management of medicines in relation to the security of blank prescription stationary.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	