

Ormesby Village 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.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Key findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Ormesby Village Surgery on 18 September 2017. The practice was rated as good for providing effective, caring, responsive and well led services and requires improvement for providing safe services. Overall the practice was rated as good. The full comprehensive report following the inspection on 18 September 2017 can be found by selecting the 'all reports' link for Ormesby Village Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Ormesby Village Surgery on 14 March 2018. 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 and also additional improvements made since our last inspection.

Overall the practice is still rated as good, and now good for providing safe services.

Our key findings were as follows:

- The practice no longer used fabric curtains. All curtains were disposable and there was a clear policy outlining how often these needed to be changed and how to dispose of them correctly.
- The practice had access to the hepatitis B immunity of the cleaning staff employed by an external company.

- All staff that worked in the dispensary had undertaken a competency assessment.
- The practice had reviewed the standard operating procedures for the dispensary for both sites. These were practice specific and had been reviewed and signed by all staff.
- The security of the dispensary at the practice's branch location in Caister had been reviewed and improved.
- The practice had implemented a new policy for the checking of equipment and medicines in clinical rooms. Medicines and equipment we checked in clinical rooms were in date.
- The practice kept logs of expiry date checks in the dispensary.
- There was evidence that near misses were appropriately recorded for both dispensaries.
- The practice had reviewed the GP patient survey results relating to access and had highlighted the areas of lower than average performance. They had implemented an action plan which included:
 - Liaising with the clinical commissioning group to be part of a pilot to provide extended hours as part of a hub with three other local practices, due

Summary of findings

to launch in July 2018, to offer weekend and evening appointments. The practice would provide GPs and nurses in conjunction with the other practices.

- Providing additional nursing appointments.
- All receptionists planned to complete a care navigator course to improve patient access to local support groups.
- Adapt the appointments system to be more flexible to meet demand. For example, the practice had put on extra clinics for chest complaints and minor illnesses during the winter period.

- Liaison with the patient participation group (PPG). They had devised a patient survey to gain feedback about the changes they had implemented. The PPG were reviewing the survey questions and amending them prior to conducting the survey in April 2018.

The area where the provider should make improvements:

- Update the policy relating to the process for monitoring expiry dates on equipment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Ormesby Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector.

Background to Ormesby Village Surgery

Ormesby Village Surgery provides services to approximately 17,500 patients in Ormesby, Great Yarmouth. There are three branch sites in the villages of Martham, Caister and Hemsby. We visited all branch sites as part of this inspection. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy from the Hemsby and Caister branches. The practice also has a delivery driver who can deliver medicines to housebound patients.

The practice has six male GP partners and four female salaried GPs. There is a practice manager and business and quality managers based at another site managed by the provider and lead staff at the other three sites. There are weekly management meetings which are rotated between the sites. There are 12 practice nurses, one nurse practitioner, two pharmacists and seven healthcare assistants. The dispensary has six dispensers across both dispensaries. There is a large team of administration, secretarial and reception staff across all sites. The practice holds a General Medical Services contract with Great Yarmouth and Waveney Commissioning Group (CCG).

Appointments can be booked up to four weeks in advance with GPs and nurses. Urgent appointments are available for

people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance. Patients can be seen at any practice site.

- Ormesby is open between 8.30am and 5.30pm Monday and Friday, 8.30 to 1pm Tuesday and Wednesday and 8.30am to 6.30pm on Thursdays. The practice closes from 1pm to 2pm Monday, Thursday and Friday.
- Martham is open 8.00am to 5.30pm Monday to Friday. The practice closes at 6.30pm on a Wednesday.
- Caister is open 8.30am to 5.30pm Monday and Wednesday, 8.30am to 6.30pm Friday and 8.30am to 1pm Tuesday and Thursday. The practice closes 1pm to 2pm Monday, Wednesday and Friday.
- Hemsby is open 8.30am to 5.30pm Monday and Friday, 8.30am to 6.30pm Tuesday and 8.30am to 1pm Wednesday and Thursday. The practice closes 1pm to 1.30pm Monday, Tuesday and Friday. When practices close, patients may attend the other practices that are open.

When the practices are closed patients are able to use the out of hour's service provided by Integrated Care 24. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 0 to 44 years old compared with the national average. It has a larger number of patients aged 60 to 84 compared to the national average. Income deprivation affecting children is 14%, which is lower than the CCG average of 25% and the national average of 20%. Income deprivation affecting older people is 15%, which is lower than the CCG average of 17% and

Detailed findings

national average of 16%. Life expectancy for patients at the practice is 80 years for males and 83 years for females; this is similar to the national expectancy which is 79 years and 83 years respectively.

Why we carried out this inspection

We carried out an announced comprehensive inspection at the Ormesby Village Practice on 18 September 2017. The practice was rated as good for providing effective, caring, responsive and well led services and requires improvement

for providing safe services. Overall the practice was rated as good. The full comprehensive report following the inspection on 18 September 2017 and can be found by selecting the 'all reports' link for Ormesby Village Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Ormesby Village Practice on 14 March 2018 under Section 60 of the Health and Social Care Act 2008 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 September 2017.

Are services safe?

Our findings

At our previous inspection on 18 September 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- There was no system in place to monitor and ensure that equipment and dressings in clinical rooms were safe to use. We found out of date items in a clinical room.
- There was no formal system or policy in place for the cleaning of fabric curtains. The immunisation status of the external cleaning staff was unknown and no risk assessment was in place for this.
- The standard operating procedures for the Caister dispensary were not practice specific.
- There was a member of staff in dispensary that did not have formal qualifications and there was no evidence of a competency assessment in place.
- The security of the Caister dispensary did not restrict access to authorised staff only.
- The Caister dispensary did not record near misses.
- The Caister dispensary had an external company to complete annual stock checks but did not carry out regular expiry date checks on medicines.

These arrangements had improved when we undertook a focussed follow up inspection on 14 March 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

- The practice no longer used fabric curtains. All curtains were disposable and there was a clear policy outlining how often these needed to be changed and how to dispose of them correctly. All curtains we checked were within the policy requirement dates.
- The practice had access to the hepatitis B immunity of the cleaning staff employed by an external company. The policy had also been reviewed, following a risk assessment, and the immunisation status of all staff would be gained prior to employment going forward.

- All staff that worked in the dispensary had undertaken a competency assessment. These had been completed with the GP who had responsibility for the dispensary and the pharmacist. These assessments gave the management team an overview of the skills of the staff. The plan was for these to be completed during annual appraisals.
- The practice had reviewed the standard operating procedures for the dispensary for both sites. These were practice specific and had been reviewed and signed by all staff. They were readily available and all staff spoken to on the day of inspection knew how to access these.
- The security of the dispensary at Caister had been reviewed and improved. The practice had moved the dispensary and only authorised staff had access.

Safe and appropriate use of medicines

- The practice had implemented a new policy for the checking of equipment and medicines in clinical rooms. The practice had put a new checking system in place which ensured all expiry dates were checked and recorded by the nurse every month. Medicines and equipment we checked in clinical rooms were in date. The practice was in the process of updating the policy to support this process. There was also a plan to implement peer review of this process across all sites to ensure continuity and as a second check.
- The practice kept logs of expiry date checks in the dispensary. These were completed every month.

Lessons learned and improvements made

- There was evidence that near misses were appropriately recorded for both dispensaries. These were clearly identified and learning was evident. Outcomes were shared in dispensary meetings to ensure learning was disseminated appropriately. Any significant events were discussed at practice meetings.
- The staff could evidence changes as a result of near misses. For example, the practice had changed the system of identification checking. The practice now asked the patient to identify their home address, rather than telling the patient the address first. This had resulted in fewer identity near misses.