

# Dr Akester and Partners

## 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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Akester and Partners on 17 November 2016. The overall rating for the practice was good. However, a breach of the legal requirements was found which resulted in the practice being rated as requires improvement for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Akester and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection and took place on 16 May 2017 to confirm that the practice had carried out their plan to meet the legal

requirements in relation to the breach of regulation that we identified in our previous inspection on 17 November 2016. This report covers our findings in relation to those requirements.

The practice has made the required improvements to meet the legal requirements in the key question of safe and is rated as good.

Our key findings were as follows:

- The practice had ensured that sufficient arrangements were in place for the safe management of medicines, including the recording and dispensing of controlled drugs.

**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?**

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 17 November 2016.

The issues at the previous inspection included:

- The provider did not have a lone worker policy specifically for staff working in the dispensary.
- Staff working in the dispensary did not have ongoing documented checks of their competency.
- Staff did not keep a “near miss” record (a record of errors that have been identified before medicines left the dispensary).
- The Standard Operating Procedure (SOP) was not consistently followed as staff did not undertake a physical inspection to check for expired stock.
- On the day of the inspection the door to a room containing a medicines cupboard was found to be unlocked.
- Prescriptions for use in printers were not tracked through the practice in accordance with national guidance.
- Entries were made in the controlled drugs register before medicines had been supplied to patients, which was not in accordance with relevant legislation.

At this inspection in May 2017 we found:

- The provider had made all of the required improvements and fully implemented the action plan sent to us following the previous inspection.

**Good**



# Dr Akester and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector.

## Background to Dr Akester and Partners

Dr Akester and Partners, The Holroyd Surgery, Main Street, Kirkby Malzeard, Ripon, HG4 3SE and the branch practice at Masham Surgery, Market Place, Masham, Ripon, HG4 4DZ serve the immediate area and surrounding villages. Both locations were visited as part of the inspection. The practice provides services through a General Medical services (GMS) contract.

The practice is a dispensing practice and dispenses medicines to 95% of their patients. The registered list size is approximately 5,500 and predominantly White British background. The practice is ranked in the eighth least deprived decile (one being the most deprived and 10 being the least deprived).

The practice is run by five GP partners (three female and two male) and a practice manager.

The practice employs four practice nurses and two health care assistants. There is an office manager/dispensary lead supported by 13 administration/dispensing staff.

Both surgeries are open 8.30am to 6pm Monday to Friday and clinics are held throughout the day. Appointments are available until 7pm on Monday and Thursday and emergency appointments are available on a Saturday morning. Out of hours care is provided by North Yorkshire Ambulance Service.

During the inspection we saw that previous ratings were on display at the provider and also on the practice website.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Akester and Partners on 17 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as good. However a breach of the regulations was found. The full comprehensive report following the inspection in November 2016 can be found by selecting the 'all reports' link for Dr Akester and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Akester and Partners on 16 May 2017. 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.

## How we carried out this inspection

We carried out a focused follow up inspection of Dr Akester and Partners on 16 May 2017.

During our visit we:

Spoke with the practice manager, the lead GP, two dispensing staff and reviewed documentation held by the provider.

# Are services safe?

## Our findings

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing safe services.

The arrangements in respect of the safe management of medicines, including the recording and dispensing of controlled drugs were not sufficient.

- The provider did not have a lone worker policy specifically for staff working in the dispensary.
- Staff working in the dispensary did not have ongoing documented checks of their competency.
- Staff did not keep a “near miss” record (a record of errors that have been identified before medicines left the dispensary).
- The Standard Operating Procedure (SOP) was not consistently followed as staff did not undertake a physical inspection to check for expired stock.
- On the day of the inspection the door to a room containing a medicines cupboard was found to be unlocked.
- Prescriptions for use in printers were not tracked through the practice in accordance with national guidance.
- Entries were made in the controlled drugs register before medicines had been supplied to patients, which was not in accordance with relevant legislation.

During our follow up inspection on 16 May 2017 we saw the provider had made all of the required improvements and fully implemented the action plan that had been sent to us following the previous inspection.

### Overview of safety systems and process

- The provider had adapted their lone worker policy to include guidance for staff working in the dispensary.
- Ongoing written evidence of dispensary staff competency was maintained by the provider and we saw evidence of this.
- The provider had implemented a “near miss” log available at both locations and we saw evidence that this had been effectively used.
- The provider maintained a written log confirming regular physical checks of pharmacy stock to safeguard against the accidental storage of expired medicines.
- Following refurbishment work at the main site, the medicines cupboard had been relocated and was now kept in a secure room.
- A written log was maintained across both locations to track prescriptions stored in printers.
- Entries made in the controlled drug register were checked by us during the inspection and found to be in accordance with relevant legislation.