

# Station Road Surgery

## Quality Report

Station Road,  
Sowerby Bridge  
Halifax HX6 3AB  
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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 Station Road Surgery on 14 June 2017. The overall rating for the practice was Good. However we rated the practice as Requires Improvement for providing safe services. The full comprehensive inspection report can be found by selecting the 'all reports' link for Station Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 24 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation which we identified at our previous inspection on 14 June 2017. The report covers our findings in relation to that requirement and also additional improvements made since our last inspection.

The practice is now rated as Good for providing safe services.

Our key findings were follows:

- Processes for receiving and acting upon patient safety alerts had been improved. Systems had been streamlined. Searches were made in patient records to identify patients affected by any such alerts, and appropriate action was taken when necessary.
- Vaccine stock levels were logged and monitored.
- Communication with locums had been improved to encourage attendance at meetings, or disseminating of minutes from meetings where attendance was not possible.
- The practice was continuing to engage with patients to review satisfaction with access to appointments. The practice was participating in a CCG wide audit of patient satisfaction with access to appointments with GPs, which was due to end on 6 November 2017.

However we found one area where the provider should make an improvement:

The provider should:

- Deliver on their plan to carry out any remaining staff appraisals by December 2017.

**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 we found during our comprehensive inspection carried out on 14 June 2017.

The issues identified at that inspection included:

- Medicines and Health Regulatory Agency (MHRA) and other patient safety alerts were not always acted upon in a timely way.
- There were systems in place to record vaccine refrigerator temperatures. At the time of our visit full vaccine fridge logs were not available and were provided following the inspection. In addition, vaccine stock levels were not monitored to ensure stock levels were accounted for and accurate.
- Regular staff meetings were held. At the time of our visit locum staff were not always able to access such meetings.
- The practice had received a number of patient complaints in relation to access to appointments. The practice had developed systems to continually monitor and assess the level of appointment availability.

Our inspection on 24 October 2017 found:

- Processes for receiving and acting upon patient safety alerts had been improved. Systems had been streamlined. Searches were made in patient records to identify patients affected by any such alerts, and appropriate action was taken when necessary.
- Vaccine stock levels were logged and monitored. Vaccine refrigerator temperature logs were available, and were complete.
- Staff were aware of the process for reporting significant events. We saw that these were discussed and reviewed at staff meetings, and that learning from incidents was shared.
- Communication with locums had been improved to encourage attendance at meetings. Minutes from meetings were disseminated where attendance was not possible.
- The practice was continuing to engage with patients to review satisfaction with access to appointments. The practice was participating in a CCG wide audit of patient satisfaction with access to appointments with GPs, which was due to end on 6 November 2017.
- The provider showed us their plan to carry out any remaining staff appraisals by December 2017.

Good



# Summary of findings

## Areas for improvement

### **Action the service SHOULD take to improve**

Deliver on their plan to carry out any remaining staff appraisals by December 2017.

# Station Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a CQC Inspector.

## Background to Station Road Surgery

Station Road Surgery is situated in Sowerby Bridge HX6 3AB. Sowerby Bridge is a small town located approximately three miles from Halifax town centre. The surgery is located within a two storey converted police station, which has grade two listed building status.

There are currently 9,300 patients on the practice list. The National General Practice Profiles data shows that approximately 3% of the patient group are of mixed or Asian origin; with the remainder of white British origin. The practice provides General Medical Services (GMS) under a contract with NHS England. The practice offers the following enhanced services:

- Meningitis vaccination and immunisation
- Childhood vaccination and immunisation
- Extended hours access
- Services for timely diagnosis and support for people with dementia
- Influenza and pneumococcal immunisation
- Support for patients with learning disability, including an annual health check
- Minor surgical procedures
- Patient participation group
- Rotavirus and shingles immunisation
- Identification and review of patients at risk of unplanned hospital admission

The practice has three partners; one male and two female. Additional GP support is provided by five regular locums. The clinical team also comprises two practice nurses. One Health Care Assistant has recently been appointed. The practice receives support from a pharmacist, employed by the practice, who is present on site daily, as well as CCG pharmacist support. The clinical team is supported by a practice manager (interim at the time of our visit), and a range of reception and administrative staff.

The practice is a teaching and training practice, which means it provides training and support for qualified doctors wishing to specialise in general practice, as well as medical students.

The National General Practice Profile shows the level of deprivation within the practice population as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The age/sex profile of the practice is in line with national averages. Average life expectancy for patients is 78 years for men and 82 years for women. National averages are 79 years and 83 years respectively.

The practice is open:

- Monday 8.00am to 8pm.
- Tuesday to Friday 8.00am to 6.30pm.

Appointments are available between 8.30am and 11.30 am in the morning; and between 3pm and 8pm on Monday; and 3pm to 6pm Tuesday to Friday.

At the time of this inspection we learned that the practice had been successful in securing a bid to provide locality hub services offering extended hours to patients registered at the five practices within their local hub. This service was due to begin on 6 November 2017. This means that patients from all practices within the hub will be able to access appointments from 6.30am to 8pm Monday to Friday.

# Detailed findings

Although parking is limited on site; on street parking is available. There is a dedicated disabled parking space on site. All patient consultation rooms are on the ground floor, and are accessible to those patients with limited mobility, or those who use a wheelchair.

Out of hours care is provided by Local Care Direct, which is accessed by calling the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service on 14 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall. However we rated the practice as Requires Improvement for providing safe services. The full comprehensive report following the inspection on 14 June 2017 can be found by selecting the 'all reports' link for Station Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection at Station Road Surgery on 24 October 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.

When we returned to the practice for this inspection, we checked, and saw that the previously awarded ratings were displayed, as required, in the practice premises and on the website.

## How we carried out this inspection

We carried out a focused inspection at Station Road Surgery on 24 October 2017.

During our visit we:

- Spoke with the practice manager, one GP and one receptionist.
- Reviewed the processes for receiving and acting on MHRA and other patient safety alerts
- Reviewed minutes from meetings where significant events and patient safety alerts were discussed and learning disseminated.
- Checked the processes for disseminating meeting minutes to staff
- Viewed vaccine stock level monitoring systems and checked vaccine refrigerator logs.
- Checked appraisal, induction and recruitment documents.
- Reviewed patient feedback from last three months and viewed the practice response to feedback, complaints and compliments.
- Discussed the appointment system and reviewed results of recent appointment audits carried out by the practice.

# Are services safe?

## Our findings

At our previous inspection on 14 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of receiving and acting upon MHRA and other patient safety alerts were not sufficiently embedded.

These arrangements had significantly improved when we undertook a follow up inspection on 24 October 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

The significant event reporting system had been embedded. All the staff we spoke with were aware of the process. Staff told us they were encouraged to report incidents. We saw minutes from meetings which demonstrated that learning from incidents was discussed at meetings, and actions to prevent recurrence were shared.

We saw that locums were encouraged to attend weekly educational meetings. Minutes from these and other staff meetings were circulated to all relevant staff following meetings, to ensure all staff, including those unable to attend, were kept informed. In addition the practice manager produced a monthly newsletter, provided to all staff along with their payslip, to enable staff to be aware of current issues within the practice. Staff we spoke with told us this helped them to feel up to date with practice events.

### Overview of safety systems and process

Vaccine refrigerator temperature logs were available and complete. Staff we spoke with were aware of the specific processes needed to maintain the 'cold chain' for temperature sensitive vaccines. We saw that a system to monitor vaccine stock levels had been introduced, to ensure all vaccines were accounted for, and records were accurate.

Medicines and Health Regulatory Agency (MHRA) alerts were received and acted upon in a timely way. We looked at three recent alerts, and found that appropriate action had been taken, with patient searches completed in a timely way, and any changes to patient care plans or other required action carried out. For example we saw that a search had been conducted to identify women of child bearing age who were receiving Sodium Valproate to treat epilepsy. Twelve patients had been identified and letters sent to advise them of the potential risks during pregnancy. We saw that a further audit was planned for November 2017. In addition we saw that such alerts were discussed at clinical meetings and any relevant information disseminated to appropriate staff groups.

We reviewed staff recruitment, induction and appraisal processes. We found that staff recruitment and induction policies were being adhered to. At the time of our visit not all staff had received an annual appraisal. The practice manager provided us with an action plan demonstrating that all staff would receive an appraisal by the end of December 2017.