

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Misbourne Practice

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We followed up on our inspection of 14 November 2013 to check that action had been taken to meet the following standard(s). We have not revisited The Misbourne Practice as part of this review because The Misbourne Practice were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

**Safeguarding people who use services from abuse**

✓ Met this standard

**Management of medicines**

✓ Met this standard

**Assessing and monitoring the quality of service provision**

✓ Met this standard

## Details about this location

Registered Provider	The Misbourne Surgery
Registered Manager	Dr Andrew Webber
Overview of the service	The Misbourne Practice is a GP practice providing primary care services for people in Chalfont St Peters and the surrounding area of Buckinghamshire. The practice has approximately 12000 patients registered.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'*

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## Summary of this follow up review

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### Why we carried out this review

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We carried out an inspection on 14 November 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited The Misbourne Practice as part of this review because The Misbourne Practice were able to demonstrate that they were meeting the standards without the need for a visit.

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### How we carried out this review

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We reviewed information given to us by the provider.

We have not revisited The Misbourne Practice as part of this review.

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### What we found about the standards we followed up

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During our last visit on the 14 November 2013 compliance actions were set. This was because we found patients who use the service were not fully protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. We also found patients were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place store to medication safely and securely. We received an action plan which set out what actions were to be taken, to achieve compliance.

Since our last visit the provider made contact with us and supplied documentation to show improvements had been made. We found the provider had introduced a comprehensive safeguarding vulnerable adult's policy and procedure. The practice manager had organised safeguarding vulnerable adults and children training for both clinical and non-clinical staff.

We found the practice had introduced locks to cupboards to ensure medication was kept safely and securely. A 'Storage of Non-Controlled Drugs and Vaccines' policy was now in place. We saw the policy provided clear guidance to staff, on their responsibility on how medication should be stored securely and how often and who should monitor and audit the medication.

We were provided with evidence which showed all staff members training had been reviewed. We saw refresher training had also been planned.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard reviewed

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

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### Our judgement

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The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### Reasons for our judgement

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When we visited the practice on 14 November 2013, we found patients who use the service were not fully protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. We set a compliance action in respect of this. We received an action plan which set out what actions were to be taken, to achieve compliance.

The provider had introduced a comprehensive safeguarding vulnerable adult's policy and procedure, which was accessible to all staff. A copy of this was made available to us. We saw the policy included information such as, the definition of vulnerable adult, different forms of abuse and example of potential indicators for staff to look out for. This also included information on the procedure staff should follow if a concern arose and contact details of external organisations to use should further advice be required. In addition, the policy provided guidance on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DOLs). The MCA 2005 was intended for safeguarding people over the age of 16 years who may lack mental capacity in some areas of decision making. The policy included contact details of the local authority for further advice and support. This meant the practice now had appropriate safeguarding vulnerable adult policies and procedures for staff to follow, should the need arise.

The practice manager had organised safeguarding vulnerable adults and children training for both clinical and non-clinical staff. This training also covered the MCA 2005 and DOLs, to ensure staff had knowledge of the legislation and its relevance to General Practice. This was supported by the training matrix made available to us. This showed the staff now had access to appropriate safeguarding training, which ensured patients using the service were protected from the risk of abuse. This was because staff had knowledge of the subject, knew what to do if they had concerns about abuse, and knew where to report such concerns.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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When we visited the practice on 14 November 2013, we found patients were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to store medication safely and securely. We set a compliance action in respect of this. We received an action plan which set out what actions were to be taken, to achieve compliance.

Following the last inspection, the practice had now introduced locks to cupboards to ensure medication was kept safely and securely. We were provided with evidence which confirmed these changes had been made. A 'Storage of Non-Controlled Drugs and Vaccines' policy was now in place. We requested and received a copy of this policy. We saw the policy provided clear guidance to staff, on their responsibility on how medication should be stored securely and how often and who should monitor and audit the medication. Furthermore the policy provided clear information that the GP medical bags were to be audited quarterly by the individual GP and it was their responsibility to check expiry dates of the drugs. The provider sent us an audit documentation which confirmed drugs kept in GP bags were monitored. For example, the 'Audit Form 2014/15' in the month of April 2014, each GP had signed and dated the audit form to confirm they had checked expiry dates of all the drugs they hold in their bags. This meant the provider now had effective systems and procedures in place to ensure medication was safely and securely stored.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received.

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### Reasons for our judgement

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When we visited the practice on 14 November 2013, we found the provider did not have monitoring systems in place to ensure medication was stored safely and securely. Also, the practice did not monitor the staff training that had taken place and when refresher training was required. We set a compliance action in respect of this. We received an action plan which set out what actions were to be taken, to achieve compliance.

The practice introduced the 'Storage of Non-Controlled Drugs & Vaccines' policy to ensure staff had appropriate information on the practice requirements for drugs to be kept safely and securely. The policy also required staff to monitor the drugs regularly and this was overseen by the practice manager. The provider now had a whistleblowing policy. This policy provided all staff members clear procedure to follow should they have concerns about the quality of the service provided to patients. This meant the practice had effective systems in place to assess and monitor the quality of the service provided to patients.

We were provided with evidence which showed all staff members training had been reviewed. This included training such as safeguarding children and adults, information governance and cardiopulmonary resuscitation (CPR). We saw refresher training had also been planned. For new staff members a revised induction checklist was introduced to ensure appropriate training was included. Furthermore the practice manager had organised a training document to ensure all training was regularly monitored. This meant the practice now had effective systems in place to monitor staff training.

Following the inspection, the practice had signed up to Protected Learning Time (PLT). This scheme enabled the practice to meet training needs of all staff members. In addition, the provider had subscribed to an online training company and used this as a supplement to the practice training plans.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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