

Ashwell 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



Summary of findings

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Summary of this inspection

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk-based focused review of Ashwell Surgery on 14 March 2017. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 17 February 2016. During our inspection in February 2016 we identified regulatory breaches in relation to:

- Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014 good governance

This report only covers our findings in relation to the areas identified as requiring improvement following our inspection in February 2016. You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Ashwell Surgery on our website at www.cqc.org.uk. The areas identified as requiring improvement during our inspection in February 2016 were as follows:

- Ensure staff that act as chaperones are risk assessed for the need of a Disclosure and Barring Check (DBS) and those that require one receive a DBS check.

- Ensure that the healthcare assistant has patient specific instructions from a prescriber before administering medicines.
- Ensure an appropriate system is implemented for the safe management of controlled drugs.

In addition, the practice were told they should:

- Introduce a system to risk assess the need for a DBS check at recruitment and for long standing staff.
- Complete the delivery of the appraisals for non-clinical staff and competency assessments for dispensary staff in line with the programme schedule; completion date 31 March 2016.
- Carry out periodic fire drills.
- Complete the revision of the business continuity plan.

Our focused review on 14 March 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- Systems had been improved to ensure that all non-clinical staff roles had been risk assessed to determine if a Disclosure and Barring (DBS) check was required.
- The practice had an appropriate system in place to ensure patient specific directions were approved by a prescriber prior to the health care assistant administering vaccines.

Summary of findings

- Systems had been improved to ensure patient identification was checked prior to the issuing of any controlled drugs.
- The practice had an appraisal policy and procedure in place and all non-clinical staff members had received an appraisal within the last 12 months.
- Fire drills were carried out on a regular basis and the practice maintained a record of this.
- The practice had a business continuity plan in place in place for major incidents such as power failure or building damage.

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 comprehensive inspection on 17 February 2016, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

Specifically, the practice did not have a risk assessment in place to determine if a Disclosure and Barring (DBS) check was required for non-clinical staff members, including those performing chaperone duties. The health care assistant administered vaccines without patient specific directions from a prescriber. The practice did not have a process in place to ensure patient identification was checked prior to the issuing of controlled drugs.

During our desk based focused review on 14 March 2017, we found the practice had taken action to improve and the practice is now rated as good for providing safe services.

- Systems had been improved to ensure that all non-clinical staff roles had been risk assessed to determine if a Disclosure and Barring (DBS) check was required.
- All staff acting as chaperones had received training and a DBS check.
- The practice had an appropriate system in place to ensure patient specific directions were approved by a prescriber prior to the health care assistant administering vaccines.
- Systems had been improved to ensure patient identification was checked prior to the issuing of any controlled drugs.
- The practice had an appraisal policy and procedure in place and all non-clinical staff members had received an appraisal within the last 12 months.
- Fire drills were carried out on a regular basis and the practice maintained a record of this.
- The practice had a business continuity plan in place in place for major incidents such as power failure or building damage.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Following our comprehensive inspection on 17 February 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our desk based review to alter this rating.

Good



People with long term conditions

Following our comprehensive inspection on 17 February 2016 we rated the practice as good for the population group of people with long-term conditions. We did not review any evidence during our desk based review to alter this rating.

Good



Families, children and young people

Following our comprehensive inspection on 17 February 2016 we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our desk based review to alter this rating.

Good



Working age people (including those recently retired and students)

Following our comprehensive inspection on 17 February 2016 we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our desk based review to alter this rating.

Good



People whose circumstances may make them vulnerable

Following our comprehensive inspection on 17 February 2016 we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our desk based review to alter this rating.

Good



People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 17 February 2016 we rated the practice as good for the population group of people experiencing poor mental health (including people with dementia). We did not review any evidence during our desk based review to alter this rating.

Good



Ashwell Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The focused desk based review was undertaken by a CQC lead inspector.

Background to Ashwell Surgery

Ashwell Surgery situated in Lawyers Close, Gardiners Lane, Ashwell, Baldock provides primary medical care for approximately 7,900 patients living in village of Ashwell and surrounding areas. A branch of this practice is located at Spring Lane, Bassingbourn, Royston and serves the village

of Bassingbourn and surrounding areas. The practice maintains one patient list and patients can access either practice. We did not inspect the Bassingbourn branch at this time.

Ashwell Surgery provides services under a General Medical Services (GMS) contract agreed nationally. The practice population is predominantly white British however the practice also serves a small ethnic population; mostly of Eastern European origin.

The practice has four GPs partners; three males and one female. There is a practice nurse who is supported by a health care assistant. There are three anticoagulant nurses and two anticoagulant health care assistants who provide a community anticoagulation service to patients in ten out of the 12 GP practices in the local area. There is a practice manager who is supported by a team of administrative and

reception staff. The local NHS trusts provide health visiting and community nursing services to patients at this practice. This practice trains new GPs and currently has two trainee GPs.

The main practice (Ashwell Surgery) operates from two storey premises. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is free car parking outside the surgery with adequate disabled parking available.

Ashwell Surgery is a dispensing practice and has a dispensary which is open during surgery times. There are three staff attached to the dispensary.

The practice is open Monday, Wednesday, Thursday and Friday between 8.30am and 12.45pm and between 1.45pm and 6.30pm. On Tuesdays the surgery is open in the morning only between 8.30am and 1.30pm. Patients can access the Bassingbourn branch during Tuesday afternoon. The practice also offers telephone appointments as well as telephone consultations, early morning appointments at 7am once a week and Saturday morning appointments once a month.

When the practice is closed services are provided via the 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Ashwell Surgery on 17 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection in February 2016 can be found by selecting the 'all reports' link for Ashwell Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk based review of Ashwell Surgery on 14 March 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

Before our review, we reviewed information sent to us by the provider. This information told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 17 February 2016. We carried out desk-based focused review of Ashwell Surgery on 14 March 2017.

Are services safe?

Our findings

Following our inspection carried out 17 February 2016, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We undertook a desk based review on 14 March 2017 to check action had been taken to improve the areas identified as requiring improvement. The provider is now rated as good for providing safe services.

Overview of safety systems and process

The practice had reviewed their chaperone policy in December 2016. The practice nurse, the health care assistant and on some occasions one receptionist acted as chaperones. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The health care assistant was trained to administer vaccinations and the practice had patient specific directions in place. We received evidence to confirm the practice had a process to ensure these directions were approved by a prescriber before the health care assistant administered vaccinations.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The practice had

updated their Standard Operating Procedure (SOP) for Controlled Drugs (CDs) which outlined the procedure for ensuring patient identification was checked prior to the issuing of any CDs and that this was recorded within the patient notes.

The practice had completed a risk assessment on the need for a Disclosure and Barring Services check (DBS) for all non-clinical staff members. The practice had a process in place to determine if a DBS check was required during the recruitment process. Appropriate records were kept in respect of relevant persons employed.

The practice had a system and process in place to ensure all staff members received appraisals regularly. All staff appraisals were linked to personal development and competency and all staff members had received an appraisal within the last 12 months. All staff members working with the dispensary had received an appraisal and review of competencies. We were told that this had been completed by the GP lead for the dispensary.

Fire risk assessments were in place and the practice had completed a fire drill at the main surgery and branch surgery in December 2016. Fire drills were scheduled to take place on a six-monthly basis.

The practice had updated their business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We were told each of the GP partners kept a copy of this plan off the premises.