

Ailsworth Medical Centre

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.

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Overall summary

Letter from the Chief Inspector of General Practice

This inspection took place so that we could follow up enforcement action that we had taken after our comprehensive inspection on 15 June 2015. The inspection report at that time rated the practice as inadequate overall and the practice were placed into special measures. You can find the report for the

comprehensive inspection on the CQC website (www.cqc.org.uk). Following the comprehensive inspection we issued a warning notice to the practice because there was immediate risks to patients that required urgent attention by the practice in relation to staffing and good governance. This was in breach of Regulations 17(1)(2)(a)(b)(d)(i)(ii) and 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

We returned on 21 and 22 October 2015 to ensure the practice had taken action to mitigate these risks and complied with the regulations.

We found the provider had made appropriate improvements in ensuring that suitable arrangements were in place to improve systems to monitor the quality and safety of the service and ensure that staff received sufficient training and support. We found that;

- Systems were in place to manage fire safety, the safety of the premises and equipment. A risk management log was in place to help improve monitoring procedures.
- Information governance systems had improved and action had been taken to secure the management of information. For example all staff had received information governance training.
- Evidence of recruitment checks had improved and staff who had received disclosure and barring service checks (DBS) from a previous employer, had reapplied for a check as an employee of Ailsworth Medical Centre.

- Staff training, support and annual appraisal systems had been improved so that staff had completed training, or were aware of the mandatory and personal development training that they were being supported to complete.
- Governance systems had been strengthened and provided evidence to demonstrate that quality improvements were being identified and actioned to promote improvement.

We found the provider should also;

- Review the practice's recruitment policy to include guidelines on using portable DBS checks.
- Take action to ensure that medicines are stored securely at the Newborough practice.
- Ensure that copies of training certificates are sought for their own records of assurance

The practice continues to operate within the special measures applied by the CQC and will continue to do so for a total of six months from the publication of the report. After this time, CQC will revisit and re-inspect Ailsworth Medical Centre and will amend our judgements and ratings in accordance with our findings at that time.

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?

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following the inspection on 15 June 2015. We found that safety systems had been improved.

Are services effective?

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following the inspection on 15 June 2015. We found that staff training and support was more effective.

Are services well-led?

We reviewed the urgent actions taken by the practice in response to the warning notices issued to them following the inspection on 15 June 2015. We found that quality monitoring procedures had been strengthened.

Summary of findings

What people who use the service say

We did not talk with patients as part of this inspection visit.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the practice's recruitment policy to include guidelines on using portable DBS checks.
- Take action to ensure that medicines are stored securely at the Newborough practice.
- Ensure that copies of training certificates are sought for their own records of assurance

Ailsworth Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a second CQC inspector.

Background to Ailsworth Medical Centre

Ailsworth Medical Centre can be found at 32 Main Street, Ailsworth, Peterborough, PE5 7AF. It has approximately 2300 registered patients and provides general medical services to people who live in Peterborough or the surrounding villages. It is a family run service with two GP partners and two salaried GPs of which, two are male and two are female. They are supported by two practice nurses, a phlebotomist and a small administrative team. The practice also runs a small dispensary to supply prescribed medicines to some registered patients.

Ailsworth Medical Centre opens from 9am to 1pm every morning, and from 3.30pm until 6.30 pm Monday, Tuesday, Thursday and Friday. Extended hours appointments are available until 7.40pm on Mondays.

A branch surgery is based at Gunton's Road, Newborough, Peterborough PE6 7QW. It opens 9am until 12.30 pm daily and 3.30pm until 6.30 pm on Thursdays. It was visited as part of this inspection on 22 October 2015.

Most staff employed at the practice work on a part-time basis at either location and also at another location in Peterborough which is registered separately with CQC. The practice confirmed that patients can be seen at any of the three practices.

The practice has opted out of providing out-of-hours services to their own patients. However patients can dial 111 to access support from a local out of hour's service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the requirements of two warning notices issued following a comprehensive inspection on 15 June 2015. The warning notices were issued because we found immediate risks that required prompt attention by the practice. We returned on 21 and 22 October to ensure the practice had taken action to mitigate the risks.

Are services safe?

Our findings

Monitoring risks to patients

Improvement had been made to ensure that risks were assessed and managed:

- The practice had taken advice following a visit from Cambridgeshire Fire and Rescue Service so that their systems to manage fire risks could be improved. The fire policy had been reviewed. Fire risk assessments had been completed at both premises and actions had been taken to manage potential risks. For example, a fire action notice was displayed in the waiting room and notices next to the fire doors had been added that gave instruction on how to open them in an emergency. The assessments were to be reviewed on an annual basis. In addition, monthly environmental checks and six monthly fire drills had been implemented.
- A qualified electrician had completed safety checks to the wiring in the building and emergency lighting.
- Staff had received training on information governance and the policy on confidentiality had been reviewed. A system had been implemented to ensure that staff whose family members were registered patients at the practice, had restricted access to their medical records. Patients were now made aware that CCTV cameras were installed at the premises through notices displayed in the waiting room. The practice manager had reviewed their registration with the Information Commissioner's Office and the certificate was displayed.
- The risk management log had been developed for each location run by the provider. We reviewed the log and found that it contained an accurate record of risks at the practice. The practice manager planned to review the log at least every three months unless changes were identified sooner. An electronic list of monthly buildings and maintenance checks was also in place. Details about electrical safety checks and calibration of items of equipment owned by the practice were also stored and maintained with these records.
- Legionella checks had been delegated to the infection control lead and were taking place every three months. Monthly expiry checks on clinical items such as the oxygen cylinders, needles and syringes were now part of a monitoring process delegated to the two practice nurses. We checked the oxygen cylinder at the Newborough practice and found it was in date and pressurised correctly. However, we found that a cupboard in the treatment room used to store dressing and medicines was not locked. The manager agreed to take immediate action.
- Disclosure and Barring Service checks the practice had on their recruitment files for two more recently recruited members of staff were not applicable to employment at Ailsworth Medical Centre. We saw that the members of staff employed between July 2014 and March 2015 had applied for new checks. The practice policy should be updated so that the process for using portable DBS checks is made clear.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

Since the last inspection in June 2015, the practice had reviewed staff training needs and put a training plan in place for 2015-2016. The plan will be reviewed at partners' meetings on an on-going basis. The plan included role specific training for example chaperone training for two administration staff. This was booked to take place in November 2015, and resuscitation training was booked for all clinical staff in March 2016. Other training such as for notes' summarisation and a level 2 smoking cessation course, had not yet been arranged and we were informed the plan was work in progress.

The practice had introduced a training element to their monthly all staff meetings. Minutes we reviewed showed that staff had received information on the Mental Capacity Act (MCA) 2005. When we asked two members of staff what they had learned from the session they were able to locate reference information although they were unable to describe the aims of the Act to us. When we raised this with the practice manager we found that additional training, booked to take place in December 2015 on safeguarding, included a review of the MCA.

The practice accessed an e-learning system for mandatory training. The practice manager had developed a log to help monitor staff progress and identify when training was due. We found that key training gaps such as safeguarding, fire safety and information governance had all been addressed. Progress had been made with other areas of training such as infection control training and health and safety with only one or two members of staff still to complete the sessions.

We found that training records for a part-time member of staff contained some gaps. They worked elsewhere and often completed training through that employment.. Other staff files we checked demonstrated that training records were now held on file.

The practice had an induction template in place for new staff and we saw that one newly recruited member of the team had completed it.

At the last inspection in June 2015, we found that staff appraisals had not been completed for all staff. Since then, an appraisal plan had been followed and we found all staff had received an appraisal with the exception of one GP, which was taking place the following week. We spoke with two staff who told us their appraisal had been very helpful and constructive. They felt positive that they had the opportunity to develop their role and skills.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

We found the practice had made improvements to ensure that a governance framework was in place to assess, monitor and improve the quality and safety of services. Improvements made by the practice included:

- A member of staff had attended external training on fire safety and had been delegated responsibility for fire safety at the practice. Following their training, they had implemented a system of regular safety checks and risk assessments.
- Risk management processes had been reviewed so that an on-going system could be followed and maintained.
- The practice's clinical and internal audit programme had been recorded. When we checked, the practice planned to complete their second cycle clinical audits during January 2016.
- The gaps in the recruitment files had been addressed. This included information such as employee references and proof of identity. However, we found that information for obtaining portable (transferable) disclosure and barring service checks was not included in the recruitment policy.
- Systems to monitor progress with mandatory training for staff and to identify and plan staff training needs were in place.