

# Edlesborough 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



Are services effective?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	6

### Detailed findings from this inspection

Our inspection team	8
Background to Edlesborough Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Edlesborough Surgery on 23 June 2016 found breaches of regulations relating to the safe, effective and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for provision of safe, effective and well led services. It was good for providing caring and responsive services. Consequently we rated all population groups as requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Edlesborough Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 25 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 June 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 25 January 2017 we found the practice was meeting the regulations that

had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is now rated as good. Consequently we have rated all population groups as good.

Our key findings were as follows:

- The practice had introduced regular dispensing audits and implemented stock control system.
- There was an effective system in place for reporting and recording dispensing related incidents and significant events.
- Blank prescription forms and pads were kept securely and tracked through the practice.
- All staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) checks and emergency procedures were reviewed to keep patients safe and safeguarded from abuse.
- The practice had demonstrated significant improvements in patients' outcomes for patients with dementia, learning disabilities and patients experiencing poor mental health.

# Summary of findings

- We saw the childhood immunisation rates for the vaccines given to under two year olds were 94%. The practice informed us that low figures during previous inspection in June 2016 were due to a clerical error.
- For example, performance for dementia face to face review had increased from 77% to 94%, compared to the previous inspection.
- The practice had installed a hearing induction loop at reception.
- The practice had displayed information about a translation service in the waiting area.
- Staff we spoke with on the day of inspection was aware about a translation service.
- The practice had demonstrated significant improvements in governance arrangements.

**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?

The practice had taken appropriate action and is now rated good for the provision of safe services.

Good



- When we inspected the practice in June 2016 we found concerns relevant to dispensing audits, rolling stock checks, dispensing related incidents, emergency procedures, management of prescription forms and pads, and Disclosure and Barring Scheme (DBS) checks were not carried out for non-clinical staff undertaking chaperoning duties. The practice did not have a mercury spill kit in stock.
- At the inspection on 25 January 2017, we found there was an effective system in place for reporting and recording significant events related to dispensing.
- The practice had carried out regular dispensing audits and implemented stock control system.
- Blank prescription forms and pads were tracked through the practice and kept securely at all times.
- The practice had reviewed emergency procedures in place and Disclosure and Barring Scheme (DBS) checks were undertaken for all staff undertaking chaperoning duties.
- The practice had replaced both medical devices containing mercury so they were not required to keep mercury spill kit in stock.

### Are services effective?

The practice had taken appropriate action and is now rated good for the provision of effective services.

Good



- When we inspected the practice in June 2016, data showed patients outcomes were low for patients with dementia, learning disabilities, childhood immunisation rates for under two year olds and patients experiencing poor mental health.
- At the inspection on 25 January 2017, the practice had demonstrated significant improvements in patient's outcomes. For example,
- The practice had carried out health checks and care plans for 94% patients on the learning disability register and patients experiencing poor mental health.
- Performance for dementia face to face review had increased from 77% to 94%.

# Summary of findings

- Childhood immunisation rates for the vaccines given to under two year olds were 94% these were higher than the national expected average of 90%. The practice informed us that low figures during previous inspection in June 2016 were due to a clerical error.

## Are services well-led?

The practice had taken appropriate action and is now rated good for the provision of well-led services.

- When we inspected the practice in June 2016, we found governance monitoring of specific areas required improvement, such as, management of blank prescriptions, emergency procedures, dispensing audits and rolling stock checks, and thorough investigation of dispensing related incidents to ensure risks were managed appropriately. The practice was required to review and improve the systems in place to effectively monitor patients with dementia, patients with learning disabilities, patients experiencing poor mental health and childhood immunisation rates for the vaccines given to under two years old.
- At the inspection on 25 January 2017, the practice had demonstrated significant improvements in governance arrangements. For example,
- The practice had implemented an effective system to monitor the quality of the dispensing process and the management of blank prescriptions.
- The practice had taken steps to improve systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, all staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) checks and emergency procedures were reviewed to ensure patients safety.
- We saw evidence that there was an effective monitoring system in place to ensure dispensing related incidents were investigated thoroughly.
- The practice had demonstrated improvements in patient's outcomes.

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

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 23 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 23 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 23 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 23 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 23 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- It offered annual health checks and care plans for patients with learning disabilities. Health checks and care plans were completed for 15 patients out of 16 patients on the learning disability register.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective and well-led identified at our inspection on 23 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

- Performance for dementia face to face review had been significantly improved from 77% to 94% compared to previous inspection in June 2016.
- Patients experiencing poor mental health were involved in developing their care plan and health checks. The practice had carried out health checks and care plan for 31 out of 33 patients experiencing poor mental health.

# Edlesborough Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

## Background to Edlesborough Surgery

The Edlesborough Surgery is situated in Edlesborough. The practice is located in a purpose built premises with car parking for patients and staff. Premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of six consulting rooms, one treatment room, three patient waiting areas, a reception area, a dispensary, administrative and management office.

The main practice (Edlesborough Surgery) has core opening hours from 8am to 6pm Monday to Friday with the exception of every Thursday (closed at 12pm).

The branch practice (Pitstone Surgery) is open on Thursday afternoon and has core opening hours from 8am to 6pm Monday to Friday.

The practice is closed from 12pm to 2pm Monday to Friday. However, one of the practice GPs is available on call from 12pm to 2pm and 6pm to 6.30pm Monday to Friday and on Thursday from 12pm to 6.30pm (this out of hours service is managed internally by the practice by using their internal emergency on call protocol). The practice has offered range of scheduled appointments to patients every weekday from 8am to 5.45pm including open access appointments with a duty GP throughout the day.

Extended hours appointments are available at the main premises (Edlesborough Surgery) from 7am to 8am Monday to Friday and from 6.30pm to 8pm every Monday and Wednesday evening. In addition, the practice has offered extended hours appointments at the branch premises (Pitstone Surgery) from 7am to 8am every Wednesday and Thursday morning and from 6.30pm to 8pm every Monday and Tuesday evening.

The practice had a patient population of approximately 7,600 registered patients. The practice population of patients aged between 0 to 4, 20 to 39 and aged above 80 years old are lower than national average and there are a higher number of patients aged between 10 to 14 years and 40 to 74 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patients population is predominantly White British and 2.5% of the population is composed of patients with an Asian or mixed background. The practice is located in a part of Buckinghamshire with the lowest levels of income deprivation in the area.

There are two GP partners, three salaried GPs and three trainee GPs at the practice. Four GPs are male and four female. The clinical manager (a nurse prescriber) is supported by a team of a nurse practitioner, a nurse prescriber, two practice nurses, two phlebotomists and a health care assistant. The dispensary lead is supported by a team of six dispensers. The practice manager is supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

This is a training practice, doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. GP Registrars are qualified doctors who



# Detailed findings

undertake additional training to gain experience and higher qualifications in general practice and family medicine. We received positive feedback from the trainee GP we spoke with.

Services are provided from following two locations and patients can attend any of the two practice locations. The practice offers dispensing services from both locations. We visited Edlesborough Surgery during this inspection.

Edlesborough Surgery

11 Cow Lane

Edlesborough

Dunstable

LU6 2HT

Pitstone Surgery

The Village Health Centre

Yardley Avenue

Pitstone

LU7 9BE

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by Bucks Urgent Care out of hours service or after 6:30pm, weekends and bank holidays by calling NHS 111.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 23 June 2016 and we published a report setting out our

judgements. These judgements identified three breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up focussed inspection on 25 January 2017 to follow up and assess whether the necessary changes had been made, following our inspection in June 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

## How we carried out this inspection

Before visiting on 25 January 2017 the practice confirmed they had taken the actions detailed in their action plan.

Prior to the inspection we contacted the Aylesbury Vale Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by Edlesborough Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 25 January 2017.

During our visit we undertook observations of the environment and spoke with a range of clinical and non-clinical staff.

This report should be read in conjunction with the full inspection report of CQC visit on 23 June 2016.

# Are services safe?

## Our findings

When we inspected the practice in June 2016 we found the practice had not undertaken regular dispensing audits and rolling stock checks, and dispensing related incidents were not always investigated thoroughly and communicated widely enough to ensure risks were managed appropriately. Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to management of blank prescriptions, emergency procedures to deal with emergencies and Disclosure and Barring Scheme (DBS) checks or risk assessment for non-clinical staff undertaking chaperoning duties. The practice did not have a mercury spill kit in stock. Improvements had been made and at the January 2017 inspection we found:

### Safe track record and learning

The practice had an effective system in place for reporting and recording significant events related to dispensing. We reviewed records of three significant events and seven incidents that had occurred during the last six months. There was evidence that the practice had learned from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event regarding dispensing error. We noted all staff were reminded that every item dispensed required a double check by a second member of dispensing staff before it could be bagged and put for collection.

The practice had an effective system in place to monitor the quality of the dispensing process. They had undertaken regular dispensing audits and implemented stock control system.

### Overview of safety systems and processes

A notice was displayed in the premises, advising patients that chaperones were available if required. 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).

Blank prescription forms for use in printers and handwritten pads were handled in accordance with national guidance as these were securely stored and there were systems in place to monitor their use. We noted that the practice had installed new locks in all clinical rooms and all rooms containing blank prescriptions were locked when unoccupied.

### Monitoring risks to patients

When we inspected the practice in June 2016 we found the practice had two medical devices containing mercury in the premises and they did not have a mercury spill kit in stock. At the inspection on 25 January 2017, we found both medical devices containing mercury had been replaced so mercury spill kit was not required.

### Arrangements to deal with emergencies and major incidents

At the inspection on 25 January 2017, we found the practice had reviewed emergency procedures in place. We noticed that emergency medicines were stored in a grab bag and two new smaller oxygen cylinders were purchased to ensure appropriate emergency arrangements in place to deal with emergencies at both ground and first floors.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected the practice in June 2016, data showed patients outcomes were low for patients with dementia, learning disabilities, childhood immunisation rates for under two year olds and patients experiencing poor mental health. Improvements had been made and at the January 2017 inspection we found:

### **Management, monitoring and improving outcomes for people**

The practice had demonstrated significant improvements in patient's outcomes. Data showed;

- The practice had carried out health checks and care plans for 15 out of 16 patients on the learning disability register.

- The practice had carried out health checks and care plan for 31 out of 33 patients experiencing poor mental health.
- The practice had carried out dementia face to face reviews for 34 out of 36 patients, which demonstrated improvement from 77% to 94% compared to previous inspection in June 2016.
- We noted the practice had planned in place to carry out remaining reviews and health checks by March 2017.
- Childhood immunisation rates for the given to under two year olds were 94%, these rates were better than the previous inspection which ranged from 83% to 92%. The practice informed us that low figures during previous inspection in June 2016 were due to a clerical error.

# Are services well-led?

Good 

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

## Our findings

When we inspected the practice in June 2016, we found governance monitoring of specific areas required improvement. For example, emergency procedures and tracking and security of blank prescription forms and pads were not always managed appropriately. The practice had not always undertaken Disclosure and Barring Scheme (DBS) checks or risk assessment of all non-clinical staff undertaking chaperoning duties. The practice had not undertaken regular dispensing audits and rolling stock checks, and dispensing related incidents were not always investigated thoroughly and communicated widely enough to ensure risks were managed appropriately. Patient monitoring and quality outcomes were not monitored effectively. Improvements had been made and at the January 2017 inspection we found:

### Governance arrangements

The practice had demonstrated significant improvements. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. For example,

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had implemented regular dispensing audits and rolling stock checks, and dispensing related incidents were investigated thoroughly and communicated widely enough to ensure risks were managed appropriately.
- All staff undertaking chaperoning duties had undertaken Disclosure and Barring Scheme (DBS) checks.
- The practice had revised emergency procedures in place.
- The practice had routinely monitored blank prescription forms and pads. There was a dedicated member of staff responsible for management of prescriptions.
- The practice had taken steps to improve patient outcomes for patients with dementia, learning disabilities, childhood immunisation rates for under two year olds and patients experiencing poor mental health.