

The Ardleigh Surgery

Quality Report

The Ardleigh Surgery Dedham Road Ardleigh Essex CO7 7LD Tel: 01206 230224 Website: www.ardleighsurgery.nhs.uk

Date of inspection visit: 10 August 2017 Date of publication: 06/09/2017

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

Contents

Summary of this inspection	Page
Overall summary	2 3
The five questions we ask and what we found	
Detailed findings from this inspection	
Our inspection team	4
Background to The Ardleigh Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Ardleigh Surgery on 1 November 2016 where the practice was rated as good overall. However the practice was found to be requires improvement for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for The Ardleigh Surgery on our website at www.cqc.org.uk.

This announced desk based review was carried on 10 August 2017 to confirm that the practice had made the improvements required that were identified in our previous inspection on 1 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is rated as good for providing safe services.

Our key findings were as follows:

- The practice was recording and learning from near misses when dispensing. These had been discussed at a practice meeting.
- The practice had a new process to ensure prescriptions and medicines waiting to be collected were securely stored.
- There was an effective checking process in place to meet the 'cold chain procedure' requirements for the storage of medicines.
- The practice had appropriately authorised 'Patient Specific Directions' (PSDs) which were signed prior to the administration of vaccinations by the assistant Practitioner.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- The practice was recording and learning from near misses when dispensing. These had been discussed at a practice meeting.
- The practice had a new process to ensure prescriptions and medicines waiting to be collected were securely stored.
- There was an effective checking process in place to meet the 'cold chain procedure' requirements for the storage of medicines.
- The practice had appropriately authorised 'Patient Specific Directions' (PSDs) which were signed prior to the administration of vaccinations by the assistant Practitioner.

Good



The Ardleigh Surgery Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to The Ardleigh Surgery

The Ardleigh Surgery provides primary care services to approximately 7043 patients with a main practice in Ardleigh and a branch practice in Dedham. They hold a 'General Medical Service' (GMS) contract for the services they provide which includes a dispensing service from the main surgery for 4975 patients; this equates to 71% of their population and is available during practice opening hours daily.

- They are a training practice that supports qualified doctors, known as registrars, completing the final stages of their GP training.
- The deprivation score is low for the practice area in comparison with other local and national GP practices.
- The practice has three GP registered partners, two male and one female GPs. The GP partners are supported by two salaried GPs, one female and one male and a trainee registrar. The GPs are supported by one prescribing advanced nurse practitioner, one prescribing practice nurse, an assistant practitioner and a phlebotomist. The dispensary team comprises of three members of staff. The management and administration team comprises of a practice manager and nine other staff members with a range of roles; secretary, administrators and receptionists.

- The staff members hold a combination of roles and work patterns of full and part time hours. During 8am to 8.30am and at lunchtime from 1pm until 2pm, an answerphone message connects patients to the duty doctor for emergencies. The practice opening hours are 8.30am until 1pm and from 2pm until 6.30pm every weekday. The branch practice opens from 8.30am until 1pm each weekday morning. The branch practice is open each afternoon for nurse clinics, for podiatry, audiology, and outreach clinics from the hospital that use the premises. The clinical sessions run during the opening hours and include clinics for asthma, chronic obstructive pulmonary disease (COPD), diabetes, contraception, including coils and implants, smoking cessation, phlebotomy (blood taking), minor surgery, childhood immunisation and holiday vaccinations, and minor injuries, including suturing.
- The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We undertook a comprehensive inspection The Ardleigh Surgery on 1 November 2016 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 the practice was found to be requires improvement for providing caring services and requires improvement for the population group of patients with long term conditions.

Detailed findings

The full comprehensive report following the inspection on 1 November 2016 can be found by selecting the 'all reports' link for The Ardleigh Surgery on our website at www.cqc.org.uk.

We undertook a desk based review of The Ardleigh Surgery on 10 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out an announced desk based review of The Ardleigh Surgery on 10 August 2017. This involved reviewing evidence such as:

- New policies
- Risk assessments
- Evidence of PSDs and refrigerator monitoring.
- Dispensary error records and minutes of meeting.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

What we found at our previous inspection

At our previous inspection on 1 November 2016, we rated the practice as requires improvement for providing safe services as Patient Specific Directions (PSD) used by the assistant practitioner had not routinely been authorised in line with guidance, prescriptions waiting to be collected were not stored securely and near misses when dispensing were not recorded to assess risk to patients. The fridge temperature checking processes did not meet the guidance for the cold storage of medicines.

These arrangements had significantly improved when we undertook a desk based review on 10 August 2017. The practice is now rated as good for providing safe services.

What we found at this inspection

Overview of safety systems and processes

The practice had procedures and policies to keep patients safe:

The practice had a PSD policy which identified what medicines the assistant practitioner was able to give under a PSD. This also explained how the PSD would be completed and that a risk assessment would be carried out by the prescriber to agree the practitioner to be competent. The policy explained the specifics that should be contained in the PSD. For example, patients name, prescribers signature, date and route of administration and the approved medicine or vaccine name. It then explained the process to follow. We were sent evidence of two PSDs that had been completed in August 2017. These were appropriately completed and signed accordingly.

The practice had completed a risk assessment which included the risks of prescriptions waiting to be collected. The practice had put measures in place to reduce the risk where they were stored and when the staff were not at the workstation the window would be closed. This was in place until the remodelling of the dispensary was completed. The practice had plans for redesign on the dispensary and the reception area which were forwarded for our review. The design incorporated a new dispensing area away from the window and a secure storage area for items awaiting collection. The plans would be going out to tender.

The dispensing staff had a log for recording any errors or near misses. We were sent evidence of this which showed the errors that had been recorded and also minutes of a meeting were these were discussed. This was used to identify any themes or trends.

We reviewed evidence of temperature checks on the refrigerator in line with the practice cold chain policy. We saw that the refrigerator checks were in place daily and the temperatures were recorded. Practice staff had highlighted on the comment sheet in most cases were temperatures had been elevated.