

# The Limes 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 well-led?          |  | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at The Limes Surgery on 23 August 2016. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 27 January 2016.

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

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection were fully implemented.
- Ensure that all applicable staff received appropriate checks through DBS (Disclosure and Barring Service) and that the required information was available in respect of the relevant persons employed.

- Ensure that all staff employed were supported, receiving the appropriate appraisal and have documentary evidence of role specific training completed.
- Ensure an appropriate system was in place for the safe use and management of emergency medicines and prescription pads.
- Review and update procedures and guidance so they reflected current legislation and guidance.
- Introduce systems to alert the practice of emerging risks such as in infection control, arrangements to deal with emergencies, staff recruitment including DBS checks, staff appraisal and training.
- Should review and make improvements to the disabled patient toilet facilities provided in line with the requirements of the Equality Act 2010.

Our key findings on this focused inspection across the areas we inspected were as follows:

- Systems and processes were in place to assess the risk of and to detect, prevent and control the spread of infection. For example, the practice had introduced a new infection control audit template and were completing an audit on a regular basis.

# Summary of findings

- The practice had risk assessed the roles of all non-clinical staff and appropriate checks had been undertaken through DBS where applicable.
- All staff had received an appraisal and the practice had an up-to-date training log in place for all staff which evidenced role specific training, such as safeguarding
- The practice had appropriate systems in place for the effective management of emergency medicines and prescriptions.
- Practice policies were specific, kept up-to-date and reflected current legislation and guidance.
- Systems to manage risks including recruitment, staff training, appraisals and dealing with emergencies were in place and found to be adequate.
- Steps had been taken to review and make improvements to the disabled patient toilet facilities. For example, an emergency call bell had been installed.

**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?

During our focused inspection on 23 August 2016, we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- Systems and processes were in place to assess the risk of and to detect, prevent and control the spread of infection.
- The practice had risk assessed the roles of all non-clinical staff and DBS checks had been undertaken where applicable.
- The practice had appropriate systems in place for the effective management of emergency medicines and prescriptions.

Good



### Are services well-led?

During our focused inspection on 23 August 2016, we found the practice had taken action to improve and the practice is rated as good for providing well-led services.

- Practice policies were in place and included named leads and up-to-date contact details. The policies reflected current legislation and guidance and a system was in place for the policies to be reviewed on a regular basis.
- All staff received an appropriate appraisal and a process had been implemented to ensure personal development moving forward
- The practice had an up-to-date training log in place for all staff.
- Systems to manage risks including recruitment, staff training, appraisals and dealing with emergencies were in place and adequate.

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

At our comprehensive inspection on 27 January 2016 we found that the practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. For the fit older person the practice offered annual checks, and for those on regular medications or with chronic conditions conducted face-to-face reviews every six months as a routine. The practice worked closely with the community matron, district nurses and the community team to ensure delivery of care to the housebound and those with poor mobility. The practice offered influenza immunisation to all over 65s, including the housebound.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 23 August 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of older people as they received care that was safe and well-led.

Good



### People with long term conditions

At our comprehensive inspection on 27 January 2016 we found that nursing staff had lead roles in chronic disease management. For example there were nurse-led clinics for diabetes, asthma and chronic obstructive pulmonary disease (COPD). Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For example, 99% of patients diagnosed with diabetes, had received an influenza immunisation in the preceding 12 months. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 23 August 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people with long-term conditions as they received care that was safe and well-led.

Good



# Summary of findings

## Families, children and young people

At our comprehensive inspection on 27 January 2016 we found that there were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice offered cervical screening and had performed this on 82% of the population who met the criteria for this test in the last five years. Appointments were available outside of school hours and the premises were suitable for children and babies.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 23 August 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of families, children and young people as they received care that was safe and well-led.

Good



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

At our comprehensive inspection on 27 January 2016 we found that the needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered appointments early in the morning and later in the evening one day a week to provide access to appointments for those patients who work during the day. The practice was proactive in offering on line services as well as a full range of health promotion and screening that reflects the needs for this age group.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 23 August 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of working age people as they received care that was safe and well-led.

Good



## People whose circumstances may make them vulnerable

At our comprehensive inspection on 27 January 2016 we found that the practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice had designated GPs to ensure continuity of

Good



# Summary of findings

care for vulnerable patients resident in care homes. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice offered regular reviews of carers' needs and offered support and care to long-term carers. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 23 August 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people whose circumstances may make them vulnerable as they received care that was safe and well-led.

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

At our comprehensive inspection on 27 January 2016 we found that staff had a good understanding of how to support patients with mental health needs and dementia. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out advanced care planning for patients with dementia. Eighty-two percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Ninety-four percent of patients on the mental health register had a comprehensive care plan in place and documented in their records. The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health. The practice offered emergency appointments with a GP in a crisis situation.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 23 August 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people experiencing poor mental health as they received care that was safe and well-led.

**Good**



## Summary of findings



# The Limes Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This inspection was completed by a CQC lead inspector.

## Background to The Limes Surgery

The Limes Surgery provides primary medical care for approximately 9,500 patients living in Hoddesdon, Hertfordshire.

The practice provides services, including minor surgery, under a General Medical Services (GMS) contract agreed nationally. The practice population is predominantly White British. The practice also serves a small ethnic population mostly of Italian and Eastern European origin.

The practice has six GPs (two males and four females) two of whom are GP partners. The practice employs two practice nurses and a health care assistant. There is a practice manager who is supported by a team of administrative and reception staff. A health visitor and a community midwife from the local NHS community team support patients at this practice.

The practice is open Monday to Friday from 8am until 6.30pm. Extended hours are provided on Thursday

evenings between 6.30pm and 7.15pm and Wednesday mornings when the practice opens at 7.15am. The out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service.

## Why we carried out this inspection

We undertook an announced focused inspection of The Limes Surgery on 23 August 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 27 January 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting some legal requirements.

## How we carried out this inspection

Before our inspection, 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 27 January 2016. We carried out an announced focused inspection on 23 August 2016.

During our inspection we spoke with the practice manager, assistant practice manager, a practice nurse, a receptionist and one member of the administration team.

# Are services safe?

## Our findings

### Overview of safety systems and processes

During our inspection on 23 August 2016, we found that all staff had completed safeguarding children training. Staff had completed safeguarding adults training in 2014 and the practice had booked time for staff to complete further safeguarding adults training in September 2016.

All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead and had completed infection control training. There was an up-to-date infection control policy in place and all staff members had completed infection control training. The latest infection control audit was completed in August 2016.

The practice had replaced the old vinyl flooring throughout the building and there was a lock on the cleaning cupboard. The baby changing area met infection control standards. This toilet was also designated for use by disabled patients and the practice had installed a call bell to alert staff in case of an emergency. The practice had replaced the damaged examination couch and dressing trolley. The practice had an effective system in place to maintain the security of prescription stationery and to monitor their use. All prescription stock was stored securely and the practice had installed locks on the printers in treatment and consultation rooms. The practice had a system in place to monitor the allocation and use of prescription paper and pads in the practice.

The practice had risk assessed the roles of all non-clinical staff and DBS checks had been completed and were currently being undertaken for some staff, where applicable. The practice had updated their recruitment procedures and recruitment policy which met national guidelines in relation to the required pre-employment checks being completed for newly appointed staff.

### Monitoring risks to patients

During our inspection on 23 August 2016, we found that the practice had risk assessed the control of substances hazardous to health (COSHH). A COSHH policy was in place and COSHH guidance sheets were kept in the cleaning cupboard for staff members and the contracted cleaning staff.

### Arrangements to deal with emergencies and major incidents

During our inspection on 23 August 2016, we found that staff members had completed basic life support training in February 2015. We saw evidence that an annual refresher training session was scheduled for all staff commencing November 2016. The practice told us that this was originally booked in for June 2016 but had to be re-arranged as the practice had changed their clinical system in June 2016 and had experienced a number of setbacks which had dominated staff time.

We checked the emergency medicines and found that the practice had completed a risk assessment to identify a list of medicines which were suitable for the practice to stock, and a system was in place to ensure that this was reviewed on a regular basis. All of the emergency medicines we checked were in date.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

During our inspection on 23 August 2016 we checked the practice policies and found them to reflect current legislation and guidance. Practice policies were in place and included named leads and up-to-date contact details where applicable. A system was in place for the practice policies to be reviewed on a regular basis.

We checked staff files and saw evidence to confirm that all staff had received an appraisal within the last 12 months.

All appraisals were linked to their personal development and the staff we spoke with confirmed this. The practice had invested in an elearning system and all staff had access to a range of training courses including safeguarding children and adults, basic life support, fire safety, equality and diversity, privacy and dignity, information governance, chaperoning and health and safety. The practice maintained a training log and we saw evidence to confirm that all staff had completed essential training, with the exception of an annual refresher training session on basic life support which was scheduled to be delivered by an external training provider in November 2016.