

# Aldborough 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 comprehensive inspection at Aldborough Surgery on 22 June 2017. The overall rating for the practice was requires improvement, with requires improvement for providing safe and well led services. The full comprehensive report on the 22 June 2017 inspection can be found by selecting the 'all reports' link for Aldborough Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 08 December 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 22 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good, and good for providing safe and well-led services.

Our key findings were as follows:

- All equipment in the emergency trolley was in date. There was a comprehensive policy and log in place to support the new system.
- All prescriptions were signed by the relevant clinician prior to being dispensed to patients.

- The practice had implemented a new written consent form for minor surgeries. The records we viewed showed this was being used. The practice ran monthly audits on all patients who had undergone minor surgery to ensure consent had been gained in the appropriate way. The audits showed there was an effective system in place and all patients had written consent recorded where this was appropriate.
- The practice had taken action relating to fire and legionella risk assessments and these were recorded appropriately.
- There was a system in place to monitor the use of blank prescription stationary which was in line with relevant guidance.
- The practice had a new meeting agenda in place to ensure effective sharing of all significant events within the practice. These were attended by all staff within the practice.
- The management team could demonstrate improved oversight of safety within the practice and had implemented a new meeting schedule to improve communication within the practice and with external stakeholders.

Further improvements from the last inspection included:

# Summary of findings

- The practice had actively been educating patients on the shared summary care records, which allows patients records to be shared between healthcare services, with consent. Records showed that in the previous two months, consent for this had increased.
- The practice had reviewed the flu vaccination recall system and as a result had vaccinated 175 more patients than the end of the flu season last year. This was still ongoing at the time of this inspection.
- The practice had been proactive in inviting patients for health checks and had utilised text messages as a communication method.
- The practice offered contraceptive implants to patients. Due to the rural location of the practice and

surrounding areas, the practice also accepted referrals from other local practices. The practice ensured there was flexibility in the appointments system to allow for increasing referrals and carried out extra clinics when demand was higher to ensure this did not impact negatively on registered patients. A salaried GP was also working with the local clinical commissioning group to develop a similar service for the fitting of implants to reduce menstrual bleeding. This service was currently only offered in secondary care and the practice was keen to set the service up to reduce travel and referral waiting times for patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Aldborough Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector.

## Background to Aldborough Surgery

Aldborough Surgery provides services to approximately 3,400 patients in Aldborough, a rural area in North Norfolk. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice also works closely with a local transport charity to ensure patients are able to access the surgery and other health care locations.

The practice has one male GP partner and two female salaried GPs. There is a practice manager and a finance and facilities manager who work on site. The practice employs one nurse practitioner, one practice nurse and one healthcare assistant. Other staff include three dispensers, a dispensing manager, three receptionists, a lead receptionist, one secretary and two administrative assistants. The practice holds a General Medical Services contract with North Norfolk Clinical Commissioning Group (CCG).

The practice works closely with a local organisation to inform patients of a transport scheme to help patients get to appointments at the surgery and local hospitals as transport links in the area are minimal. The practice is open between 8.30am and 6pm Monday to Friday. Appointments can be booked up to six weeks in advance with GPs and

nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Medicom. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 0 to 39 years old compared with the national average. It has a larger number of patients aged 50 to 84 compared to the national average.

Income deprivation affecting children is 11%, which is lower than the CCG average of 13% and the national average of 20%. Income deprivation affecting older people is 11%, which is lower than the CCG average of 12% and national average of 16%. The practice have 1% of the population recorded as a non-white ethnic group. Life expectancy for patients at the practice is 82 years for males and 87 years for females; this is higher than the CCG and England expectancy which is 79 years and 83 years respectively.

## Why we carried out this inspection

We undertook a comprehensive inspection of Aldborough Surgery on 22 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 22 June 2017 can be found by selecting the 'all reports' link for Aldborough Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Aldborough Surgery on 8 December 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.

# Are services safe?

## Our findings

At our previous inspection on 22 June 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- There was out of date equipment on the emergency trolley.
- Repeat prescriptions were not signed prior to dispensing.

Further areas for improvements included:

- Implement a process to ensure identified actions following risk assessments, are carried out and clearly documented.
- Review the system for monitoring of blank prescription stationery.
- Review trends following significant events and near misses.

These arrangements had improved when we undertook a focussed follow up inspection on 08 December 2017. The practice is now rated as good for providing safe services.

### Safe systems and processes

- The practice had made improvements to the infection prevention and control (IPC) measures within the practice. For example, the practice had updated their IPC audit to reflect the different rooms in the practice, making it more comprehensive. The IPC lead had also been on a further course for IPC and was planning to complete a sharps audit.

### Safe and appropriate use of medicines

- The practice had implemented a new policy for the checking of equipment and medicines on the emergency trolley. The practice had put a new checking system in place and had placed all emergency medicines on the trolley, including penicillin and diazepam, which was previously stored in dispensary. The nurse carried out regular checks on a weekly basis. This was cross checked by the practice manager on a monthly basis. Medicines and equipment on the trolley was in date and appropriate for use and in a secure area of the practice. The oxygen had adult and children's masks and there was appropriate signage.

- The practice had implemented a new system in the dispensary to ensure all prescriptions were signed prior to dispensing. The dispensers we spoke with were aware of the policy and complied with it. The prescriptions we saw were all signed prior to dispensing.
- The practice had improved the system to monitor blank prescription stationery. The practice monitored its use appropriately and in line with national guidance. They had implemented a log to track their use throughout the practice.
- The practice had made other improvements in dispensary. For example, the practice now documented all dispensary meetings so that minutes were available for all staff. These were cascaded as appropriate and there was a standing agenda for them. Staff were able to add to this as appropriate. They had also set up a log to record expiry date checks of medicines.

### Track record on safety

- The practice had employed an external company to complete a legionella risk assessment and this was completed in July 2017 (legionella is a term for a particular bacterium which can contaminate water systems in buildings). They had also had some building works completed in order to comply with the new legionella risk assessment. The practice had implemented a new water temperature testing system to ensure temperatures were within the correct range.
- The practice had also reviewed the documentation for the fire risk assessment. This assessment now documented who had carried out the review of the assessment and the date it was completed.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and felt encouraged and supported to do so. The lead GP and manager supported them when they did so. The form for significant events had been updated to reflect the actions taken following an event.
- There were effective systems for reviewing and investigating when things went wrong. The practice

## Are services safe?

learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice manager carried out a monthly significant event analysis to identify any trends.

- The practice planned to do a yearly analysis of significant events to identify trends.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 22 June 2017, we rated the practice as requires improvement for providing well led services. The following improvements were needed:

- The infection prevention and control policy lacked practice specific information.
- The practice had an organisational structure; they acknowledged that meetings had become less frequent due to staff absence; however, they had an action plan in place to ensure that meetings would be held more frequently to enhance safety and learning. For example, the last meeting held to discuss significant events was in February 2017.
- The process for dispensing repeat prescriptions needed improvement to ensure all repeat prescriptions were signed before dispensing.

These arrangements had improved when we undertook a focussed follow up inspection on 08 December 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

- The practice held regular meetings. A new agenda had been developed in order to capture all clinical issues that needed discussion. Minutes were available in an evidence file and staff we spoke with knew where this was. The new meeting structure enabled the management team to discuss issues with the team and to hear feedback from the staff.
- The practice also held regular multidisciplinary and palliative care team meetings with district nurses and the integrated care co-ordinator. The practice had an effective system in place for identifying those patients that were considered palliative and those that were most at risk of deterioration. This enabled all staff to have a comprehensive understanding of their condition.

- The practice had reviewed the infection prevention and control policy and had updated it to ensure it was reflective of the practice. For example, the policy now identified the location of the spill kits and guidance on how to use them.

### Managing risks, issues and performance

- The management team could evidence an improved oversight of risks. They organised a formal legionella risk assessment and had improved the documentation of action plans that related to completed risk assessments. There was a process in place to ensure this was monitored.
- The practice had also managed the risks in the dispensary relating to significant events, near misses, prescription signing prior to dispensing and expiry date checking documentation. This gave management a more comprehensive overview of the managed risks in dispensary.

### Engagement with patients, the public, staff and external partners

- The practice had undertaken further work with the patient participation group (PPG) to improve engagement with their patients. They were currently working on a campaign to educate patients on when to use medical services and another educating them on the use of antibiotics, in line with a national campaign.
- A salaried GP was working with the local clinical commissioning group to develop a service for the fitting of implants to reduce menstrual bleeding. This service was currently only offered in secondary care and the practice was keen to set the service up to reduce travel and referral waiting times for patients.