

# 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.

## Contents

### Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to Ailsworth Medical Centre	4
Why we carried out this inspection	4
Detailed findings	5

## Overall summary

At our inspection on 17 September 2015, we followed up enforcement action that we had taken following our comprehensive inspection on 15 June 2015. The inspection report for the comprehensive inspection can be found on the CQC website. 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 infection control procedures. This was in breach of Regulation 12(1)(2)(h) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. We returned on 17 September 2015 to ensure the practice had taken action to mitigate these risks and complied with the regulation.

We found the provider had made appropriate improvements in ensuring that suitable arrangements were in place to assess, prevent and control the risks of infection. We found that;

- A member of staff had been delegated the lead responsibility for infection control
- A programme of infection control audits had been completed and an annual plan was in place.

# Summary of findings

- There were adequate systems in place to seek assurance that the premises, including clinical equipment, were being regularly cleaned to a satisfactory standard
- Infection prevention and control had been given a higher priority within the practice. An infection control group met regularly and there were clearer systems in place to communicate issues and share information with the staff team.

- We observed improved management of clinical waste and sharps.

The practice continues to operate within the special measures applied by the CQC and will continue to do so for six months. After this time, CQC will revisit and re-inspect Ailsworth Medical Centre and will amend our judgements and ratings.

# 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 found the provider had made improvements in ensuring that suitable arrangements were in place to assess, prevent and control the risks of infection. A member of staff had been delegated the lead responsibility for infection control. An infection control audit plan was in place and several audits had been completed and most action had been taken.

The practice had formed an infection control group that had started to meet regularly and this was planned to continue each month. A process was in place to seek assurance about the quality of the cleaning at the premises. This included clinical areas and equipment.

The staff team had been involved and informed about the planned improvements to infection control procedures and updates were now included at each monthly staff meeting. The infection control policy had been reviewed to include more detailed guidelines for staff on how to manage and monitor infection prevention and control issues.

We undertook a tour of the premises and noted that improvement had been made to the management of clinical waste and the clinical waste store was locked. Sharps' bins in the practice's treatment rooms had been assembled correctly and their labels had been completed in full.

# 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 GPs. 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 not visited as part of this inspection.

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

At our inspection on 17 September 2015, we followed up enforcement action that we had taken following our comprehensive inspection on 15 June 2015. The inspection report for the comprehensive inspection can be found on the CQC website. 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 as it was in breach of Regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We returned on 17 September 2015 to ensure the practice had taken action to mitigate these risks.

# Are services safe?

## Our findings

We found the provider had made improvements in ensuring that suitable arrangements were in place to assess, prevent and control the risks of infection. A member of staff had been delegated the lead responsibility for infection control and a written role description had been agreed by the registered manager. Access to training for the lead was not available locally but would form part of their professional development plan in the forthcoming year.

The infection control lead showed us the audits that had been completed within the last two months. The audit tools were detailed and addressed areas such as the safe storage of vaccines, hand washing and the safe management of sharps. Action plans had been put in place where shortfalls had been identified and most issues had been addressed. The audits had led to improvements such as a new policy for handling specimens received from patients which had been shared with staff. The practice had an annual infection control audit plan in place.

The practice manager, infection control lead, GP and cleaning staff had set up regular meetings to discuss

cleaning arrangements and infection control issues. Spot checks of the standards of cleanliness were in place for each room at the practice and the records showed these were being completed by the practice manager.

Infection control issues had become a regular item on the agenda for the monthly staff meetings. Records demonstrated that the planned changes for infection control were discussed with the entire staff team to raise their awareness of the expected improvements.

The infection control policy had been reviewed and updated in August 2015. This included more detailed guidelines on how the practice would manage and monitor infection prevention and control within the practice.

We undertook a tour of the premises and noted that the clinical waste store was locked. The practice manager reported that the door was now checked regularly to ensure it was secure. We noted that sharps' bins in the practice's treatment rooms had been assembled correctly and their labels had been completed in full. We also noted that new foot operated pedal bins were available in both clinical and non-clinical areas throughout the practice. Bins for the safe disposal of feminine hygiene products had also been put into the toilets.