

# Victoria 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



# 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 Victoria Surgery on 8 May 2017. The overall rating for the practice was good, with requires improvement for providing safe services. The full comprehensive report on the 8 May 2017 inspection can be found by selecting the 'all reports' link for Victoria Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desk based inspection on 16 October 2017 to check they had followed their action plan and to confirm they now met legal requirements in relation to the breaches identified in our previous inspection on 8 May 2017. This report only covers our findings in relation to those requirements.

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

Our key findings from this inspection were as follows:

- Effective procedures were in place to ensure all staff had a Disclosure and Barring Service (DBS) and this included all staff who had unsupervised contact with patients.

- Patient Group Directions were up to date and had been signed by the nurses and a GP to ensure the nurses had the legal authorisation to administer the relevant medicines.
- Complaints information for patients was easily available and included correct information for patients who wanted to escalate their complaint if they were dissatisfied with the response from the practice. Staff at the practice confirmed this information was available in the waiting room and at reception.
- Improvements had been made to infection prevention and control in the practice. The practice had an infection control lead, who had completed relevant training and received updates. An infection control action plan was in place and actions had been completed.
- Infection control training had been completed by all staff, including dispensary staff.
- The practice recorded the receipt and disposal of patient returned medicines.
- Policies and procedures were in place; however they were not all up to date. One of the GPs had weekly, dedicated time to update the policies and procedures. The practice had recently commissioned a new website and all their policies and procedures would be available on there for staff to access easily.

# Summary of findings

The areas where the provider should make improvement are:

- Continue to update all policies and procedures.

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?

Our focused inspection on 16 October 2017 found that:

- Effective processes were in place to ensure all staff who had unsupervised contact with patients had a Disclosure and Barring Service 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).
- Patient Group Directions were up to date and signed by the nurses and a GP to ensure the nurses had the required legal authorisation to administer the relevant medicines.
- The practice had an infection control lead who had completed relevant training and received updates. An infection control action plan was in place and actions had been completed. All staff, including dispensary staff, had completed infection control training.
- The practice recorded the receipt and disposal of patient returned medicines.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to update all policies and procedures.

# Victoria Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based inspection was completed by a CQC lead inspector.

## Background to Victoria Surgery

Victoria Surgery is situated in Bury St Edmunds and provides a service to patients in Bury St Edmunds and the surrounding villages. The practice holds a Personal Medical Service (PMS) contract with the local clinical commissioning group (CCG) and offers health care services to around 10,850 patients. 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 has been a training practice for GP Registrars (qualified doctors who are undertaking training to become GPs) for the last four years. They are also a teaching practice for medical students training to be doctors.

- There are five GP Partners at the practice (two female and three male), three salaried GPs (all female), one nurse practitioner, two practice nurses and a health care assistant.
- The dispensary team includes two dispensary leads and three dispensers.
- A team of administration and reception staff support the management team. The practice manager is supported by a deputy manager and an assistant manager.
- The practice is open between 8am and 6.30pm Monday to Friday and appointments are available from 8.30am to 6.30pm. Patients are able to book evening and

weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday).

- If the practice is closed, Care UK provide the out of hours service, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice demography differs to the national average, with slightly more 10 to 19 year olds, significantly less 20 to 39 year olds and significantly more patients aged 65 and over.
- Male and female life expectancy in this area is above the England average at 81 years for men and 85 years for women.

## Why we carried out this inspection

We undertook a comprehensive inspection of Victoria Surgery on 8 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with requires improvement for providing safe services. The full comprehensive report following the inspection on 8 May 2017 can be found by selecting the 'all reports' link for Victoria Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desk based inspection of Victoria Surgery on 16 October 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.

# Detailed findings

## How we carried out this inspection

During our desk based inspection we:

- Reviewed policies, recruitment records, patient group directions and other information submitted by the practice.
- Spoke with staff including two receptionists, a practice nurse and the practice manager.

# Are services safe?

## Our findings

At our previous inspection on 8 May 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- Ensure that all clinical staff have a Disclosure and Barring Service (DBS) check and that a risk assessment is undertaken to determine whether a DBS check is required for non-clinical staff.
- Ensure that Patient Group Directions are up to date and signed by the nurses and a GP to ensure the nurses have the required legal authorisation to administer the relevant medicines.

These arrangements had improved when we undertook a desk based inspection on 16 October 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

The practice's recruitment policy and staff handbook had been updated and included information that all new staff had to have 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). The practice advised that they had also decided to complete DBS checks for their current staff. We saw records which confirmed these changes were in place. We looked at the records of two new members of staff and three existing staff members. This included the staff that we identified at our 8 May 2017 inspection, who did not have a completed DBS check. We saw that DBS checks had been undertaken. The practice maintained a spreadsheet of the DBS records of staff, which included staff name, role, whether the DBS was a standard

or enhanced check, status of application, DBS number and the date it was issued. Guidance was also available to staff on how to apply for a DBS check online. DBS information was also recorded in new staff induction documentation. Effective processes were in place to ensure all staff who had unsupervised contact with patients had a Disclosure and Barring Service check.

Patient Group Directions (PGDs) were being used; these allow nurses to administer medicines including childhood immunisations. We reviewed 19 Patient Group Directions (PGDs) and saw that they were up to date and signed by the nurses and a GP to ensure the nurses had the required legal authorisation to administer the relevant medicines.

The practice had an infection control lead, who had completed relevant training and linked with the local infection prevention teams to enable them to keep up to date with best practice. Improvements had been made to infection control within the practice. An infection control audit action plan was in place and actions had been completed. For example, nursing staff had been given dedicated time to undertake infection prevention and control checks. A handwashing audit had been included as part of the induction programme for all new staff and as part of the annual appraisal for all staff. We saw evidence of this on the induction record of the most recently recruited staff member. Dispensary staff had all completed infection control training.

We reviewed the practice's standard operating procedure on medicine destruction, which included the recording of and disposal of returned patient medicines. The practice provided evidence of the certification of disposed patient returned medicines.