

# Ashover Medical Centre

## Inspection report

Milken Lane, Far Hill  
Ashover  
Chesterfield  
S45 0BA  
Tel: (01246) 590711  
[www.ashovermedicalcentre.co.uk](http://www.ashovermedicalcentre.co.uk)

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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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Ashover Medical Centre on 28 August 2019 as part of our inspection programme. The inspection was triggered by a change in registration status with the Care Quality Commission (CQC). The practice was previously registered as a single-handed GP but became a partnership which registered with the CQC on 11 October 2018.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as good overall.** The practice was rated as requires improvement for providing safe services, and good for effective, caring, responsive and well-led. All population groups were rated as being good.

We have rated this practice as requires improvement for providing safe services because:

- The practice did not always have effective systems in place for some processes relating to the safe management of medicines. This included:
- The management of some systems within the practice dispensary were not effective. This included the safe management of Monitored Dosage Systems.
- Some processes had insufficient evidence to provide assurance that they operated safely. This included the tracking of prescription stationery, and the monitoring of vaccine refrigerator temperatures.
- Action plans for infection control audits and further to risk assessments needed documented evidence of follow up actions being completed in a timely manner.

We rated the practice as **good** for providing effective, caring, responsive and well-led services, and for all population groups because:

- Patients received effective care and treatment that met their needs.

- Staff treated patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way. The practice organised and delivered services to meet their patients' needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We also found the following area of outstanding practice:

- The practice offered outstanding access to GP appointments. Outcomes from the national GP patient survey showed that results for the practice were significantly higher than local and national averages. This was supported by CQC patient comment cards completed by patients in the two week period prior to our inspection.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).

In addition, the provider **should**:

- Take action to review the scope and impact of the practice clinical audit programme to effectively demonstrate the outcomes achieved for patient care. For example, in relation to broad-spectrum antibiotic prescribing, and areas identified for improvement within the QOF.
- Include training on the Mental Capacity Act for the practice team, and ensure nursing staff complete adult safeguarding training at the appropriate level.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<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>	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, an Inspection Manager, and a second CQC inspector.

## Background to Ashover Medical Centre

Ashover Medical Practice is registered with the Care Quality Commission as a partnership, which consists of four male GPs. The provider has two separately registered locations. This inspection is being undertaken as a new registration for Ashover Medical Practice as a partnership in October 2018, as it was previously registered as a single-handed provider. It is registered to carry out the following regulated activities - diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services, and the treatment of disease, disorder or injury.

Ashover Medical Practice is a rural dispensing practice which opened in 2004. It is situated within North East Derbyshire close to the Derbyshire Peak District. There are no branches, but it works in close collaboration with the provider's other registered location in Matlock.

The practice has a contract with NHS Derby and Derbyshire CCG to provide General Medical Services (GMS) and offers a range of local enhanced services.

The practice has approximately 2,230 registered patients. The age profile demonstrates a higher proportion of older patients, and lower numbers of younger patients compared to local and national averages:

- The percentage of people in the 65+ year age group at 30.3% is above the CCG average of 20.5%, and the national average of 17.3%.
- The percentage of people in the under 18 age group at 13.3% is below the local average of 19.3%, and the national average of 20.7%.

Average life expectancy is 81 years for men and 84 years for women, compared to the national average of 79 and 83 years respectively.

The general practice profile shows that 50.2% of patients registered at the practice have a long-standing health condition, compared to 54% locally and 51% nationally.

The practice scored eight on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The National General Practice Profile describes the practice ethnicity as being predominantly white at 98.6% of the registered patients, with estimates of 0.6% mixed race, 0.7% Asian and 0.1% black.

The partners provide some clinical sessions at the practice, working across both of their registered locations. There is also a salaried male GP working at Ashover three days each week. There is a practice

manager, a part-time practice nurse, a practice secretary, and a phlebotomist who also works as a notes summariser. Due to the small size of the practice, reception staff work also work as dispensers. There is a senior dispenser/receptionist and a team of six more reception/dispensary staff. A member of this team also works as the practice co-ordinator.

The practice opens Monday to Friday from 8am until 6.30pm with extended hours opening on Tuesday between 6.30-7.30pm. Access to wider local access scheme to be determined.

The surgery closes on a Wednesday afternoon on most months for staff training. When the practice is closed, out of hours cover for emergencies is provided by Derbyshire Health United (DHU).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users.</b></p> <p><b>How the regulation was not being met</b></p> <p>There was not always proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>• The dispensary team needed to ensure they were fully aware of what items were not suitable for inclusion in Monitored Dosage Systems.</li><li>• The monitoring of the vaccine refrigerator temperatures needed to be more robust with clear evidence of any follow up actions undertaken.</li><li>• Systems to monitor the internal distribution of prescription stationery were not effective.</li></ul> <p><b>Assessments of the risks to the health and safety of service users of receiving care or treatment were not evidenced as being completed. In particular:</b></p> <ul style="list-style-type: none"><li>• Risk assessments did not always clearly document follow-up actions and dates of completion</li></ul> <p><b>Regulation 12(1)</b></p>