

Ashington House 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 undertook a focussed follow up inspection of Ashington House Surgery on 25 January 2017. This was to follow up our inspection on 14 September 2016 when we found that the practice was rated good overall but requires improvement for the provision of safe services. The practice required improvement in safe care due to risks to patients relating to the secure storage of blank prescriptions. We also found that the practice should: Ensure that all patients with long term conditions have the support and care they need; Ensure a record of actions and a review of outcomes from significant events and safety alerts; Ensure that nurses are administering medicines under a legal authority.

Following our focussed follow up inspection the practice overall rating remains as good. We have now rated the provision of safe care to patients as good.

The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Ashington House Surgery on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. There had been one review of the significant events to identify any areas for learning. There was a further meeting planned for March 2017 to review the previous year.
- Risks to patients were assessed and well managed, the security of blank prescriptions had been addressed, blank prescriptions were stored securely. The practice was tracking the prescriptions into the premises but had not established a system to track the prescriptions through each clinical room.
- The nurses were administering medicines under the correct legal authority.
- The practice had established a system to record actions following any medicine or equipment safety alerts.
- Patients with long term conditions were receiving the appropriate support and care.

In addition the provider should:

- Establish a system to monitor the use of blank prescriptions through the practice.

Summary of findings

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?

When we inspected in September 2016 we found that the practice was rated as requires improvement for providing safe services. This was because:

- There was an effective system in place for reporting and recording significant events however there was no annual review to identify any themes or areas for learning.
- Risks to patients were assessed and well managed with the exception of those relating to management of medicines. The blank prescriptions were not held securely at all times; and the patients group directions for nurses to administer medicines were not always signed as approved by the authorised person.

Following our inspection the practice sent us an action plan detailing how they were going to manage these breaches in regulation. This included a security of prescriptions policy, minutes of meeting where this was shared across the practice team and updates to processes and training records.

During our follow up focussed inspection we found:

- The practice had held a meeting to review the significant events that had occurred over the previous year. The practice had identified that a couple of events related to an issue with a secondary care provider. This had then been reported through the local clinical commissioning group reporting of concerns process. The practice had arranged an end of year further significant event review for March 2017.
- The practice had implemented a system to monitor and record any actions required following medicines or equipment safety alerts.
- The patient group directions for nurses to administer medicines were signed by the authorised person.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with most local and national averages. The GP survey distributed 234 forms and 120 were returned. This represented 1.5% of the practice's patient list.

- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 83% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

- However 54% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.

As part of our previous inspection in September 2016, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. All the comments were positive about the care received and the support from staff, although a couple mentioned delays getting routine appointments.

We spoke with 10 patients during the inspection in September 2016. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Data from the Friends and Family test from July and August 2016 showed that 88% to 92% of patients said they were likely or extremely likely to recommend the practice to their friends and family.

Ashington House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

We undertook a focussed follow up inspection with one lead inspector.

Background to Ashington House Surgery

Ashington House Surgery is located in the west of Swindon. The practice serves a population of approximately 10,200 patients. The practice population demographics are similar to the local and national average in age range of the patients. The practice has some areas of social deprivation within the local community.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The team consists of five GP partners and one salaried GP; they are supported by two part time practice nurses and a health care assistant. The clinical team are supported by a practice manager and a team of reception and administration staff.

The practice is open from 8am to 6pm Monday, Tuesday, and Thursday and Friday, on Wednesday the practice closed at 12.30pm. However, they offer pre-booked appointments only through the afternoon. From 6pm to 6.30pm the practice has telephone access for any emergencies.

The regulated activities the practice provides are available from:

Ashington Way,
Westlea,
Swindon,
SN5 7XY

Why we carried out this inspection

We undertook a comprehensive inspection of Ashington House Surgery on 14 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services. The overall rating for the service was good as we found that the service for patients were good in effective, caring, responsive and well led.

We issued a requirement notice to the provider in respect of good governance. We undertook a follow up inspection on 25 January 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Ashington House Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 25 January 2017. During our visit we:

- Spoke with one GP partner, the practice manager and one member of the administration team.

Detailed findings

- Reviewed minutes of meetings and patient information lists.
- Reviewed the quality outcomes framework data.
- Looked at information the practice used to review significant events, complaints and some of the systems and processes the practice use to manage patients care.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

During this focussed follow up inspection we only reviewed the safe domain.

The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Ashington House Surgery on our website at www.cqc.org.uk.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on September 2016, we rated the practice as requires improvement for providing safe services because of the following:

There was an effective system in place for reporting and recording significant events however there was no annual review to identify any themes or areas for learning.

The blank prescriptions were not held securely at all times; and the patients group directions for nurses to administer medicines were not always signed as approved by the authorised person.

The practice manager and the clinical team informed us that they were all aware of the safety alerts however; the practice could not evidence how they would know what action had been taken.

These arrangements had improved when we undertook a follow up inspection on 25 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- The practice carried out a thorough analysis of the significant events as they occurred and reviewed significant events as a standing item at the weekly clinical meeting. There had been one review of the significant events to identify any areas for learning. There was a further meeting planned for March 2017 to review the previous year.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice manager and the clinical team informed us that they were all aware of the safety alerts. The practice had implemented a system to monitor and record any actions required following medicines or equipment safety alerts.

Overview of safety systems and processes

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice was tracking the prescriptions into the premises but had not established a system to track the prescriptions through the practice..The practice had improved the system to secure the prescriptions. Clinical rooms were secured and blank prescriptions were removed from printer trays when not in use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, we noted the PGDs had been authorised by the GP responsible for medicine management. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.