

Ashfield Road 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 previously carried out an announced comprehensive inspection at Ashfield Road Surgery on 7 November 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing safe services.

We issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfield Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 September 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 at our previous inspection on 7 November 2016. This report covers our findings in relation to those requirements.

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

- Risk assessments had been completed on cleaning products used at the practice to prevent staff and patient exposure to substances that could be hazardous to their health.
- Arrangements for the ongoing monitoring of significant events to prevent further occurrences and ensure that improvements made were appropriate were reviewed. The recording of significant had improved and contained relevant information.
- Policies and procedures had been updated to provide staff with clear guidance on the action they should take to check the fridge in the event of a power failure.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing safe services.

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?

The practice is rated as good for providing safe services.

- Risk assessments had been completed on cleaning products used at the practice to reduce the risk of staff and patients' exposure to substances that could be hazardous to their health.
- There was a system in place for reporting and recording significant events. Arrangements were in place for the ongoing monitoring of significant events to prevent further occurrences and ensured that improvements made were appropriate.
- Policies and procedures had been updated to provide staff with clear guidance on the action they should take to check the fridge in the event of a power failure.

Good



Ashfield Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector.

Background to Ashfield Road Surgery

Ashfield Road Surgery is registered with the Care Quality Commission (CQC) as a partnership and provides services over two sites within the Wolverhampton area. The main practice is based at Ashfield Road Surgery and the branch is located at, Pendeford Health Centre. For this inspection a visit was made to the main site. There is access via a ramp at the main site. Services are provided to patients on the ground floor at each of the premises and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 5,152 patients over the two sites. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations, minor surgery and extended hours.

The practice team consists of two GP partners, one male and one female. Both GPs work nine to ten sessions each per week. Two advanced nurse practitioners who work part time and a practice nurse who also works part time support the GPs. Clinical staff are supported by two practice managers and five administration / receptionist staff. In total there are 12 staff employed either full or part time

hours to meet the needs of patients across both sites. The practice also uses a regular locum GP to support the practice and meet the needs of patients at times of absence.

The main practice Ashfield Road Surgery is open Monday to Friday between 8.45am and 1pm and 2pm to 6.30pm except Thursday when the practice closes at 1pm. The branch is open Monday to Friday from 9am to 1pm, 1.30pm to 6pm on Tuesday and 2pm to 6pm Monday, Wednesday and Friday. The branch practice is also closed on Thursday afternoon. Appointment times for patients vary for the GP and nurses and include both morning and afternoon clinic sessions. The practice offers extended hours appointments on a Saturday morning. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Vocare via the NHS 111 service.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Ashfield Road Surgery on 7 November 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 full comprehensive report following the inspection on 7 November 2016 can be found by selecting the 'all reports' link for Ashfield Road Surgery on our website at www.cqc.org.uk.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Ashfield Road surgery on 27 September 2017. This was to ensure that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified at our previous inspection on 7 November 2016.

During our visit we:

- Spoke with one of the GP partners, three practice managers, two advanced nurse practitioners (one via the telephone) and reception staff.
- Visited the practice main location and one of the branch practices.
- Looked at information the practice used to deliver safe care and treatment.
- Looked at other relevant documentation.

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 Care Quality Commission (CQC) at that time.

Are services safe?

Our findings

During our previous inspection in November 2016, we found that care and treatment was not being provided in a safe way. This was because:

- Risk assessments were not completed to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.

The visit in November 2016 also identified that:

- Formal arrangements for the ongoing monitoring of significant events were not in place.
- Staff had not ensured that the fridges used to store medicines were checked following a power cut at the practice.

This resulted in the practice being rated as requires improvement for providing safe services. At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing safe services.

Safe track record and learning

At the inspection in November 2016 we found that the practice had not ensured that systems were in place for the ongoing monitoring of significant events and checking that improvements made were appropriate. At this inspection we found improvements had been made.

- The systems for reporting and recording significant events had been reviewed and all staff had been updated at meetings on the effective management of significant events following the last inspection.
- Improvements had been made to ensure significant event records were clearly documented at the time they were reported. Records showed that events were discussed at practice meetings.
- 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).

Records we looked at showed that two significant events had occurred since the last inspection. One of the events referenced the issuing a patient with a blood test form containing the details of another patient. The practice reviewed the procedures for checking patient details and planned to introduce computer generated blood forms

which would be linked to the patient's records. The practice manager felt that this would ensure staff checked patient details when accessing patient records. The current identification process that should be followed, involved all staff checking three forms of identification.

There was a system for the active management of safety alerts with evidence of recent reviews and action taken available.

Overview of safety systems and processes

- Arrangements were in place to safeguard vulnerable adults and children from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had effective shared care systems in place to review and monitor patients prescribed high risk medicines.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

At the inspection in November 2016 not all risks to patients were assessed and well managed. A cupboard located under the stairs was used to store cleaning products. The cupboard was not lockable and the products were not appropriately stored. There was no information to show

Are services safe?

that risk assessments were in place to prevent or reduce staff and patient exposure to substances that could be hazardous to their health. At this inspection we found that improvements had been made. The cupboard under the stairs and the cleaner's cupboard were both locked and products in each room were appropriately stored. At the last inspection records to show that risk assessments were in place to prevent or reduce staff and patient exposure to substances that could be hazardous to their health were not available. At this inspection we found that risk assessments had been completed and updated when products changed. The risk assessments were kept in a folder and were easily accessible to staff.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

At the inspection in November 2016 one of the reported significant events involved the loss of electrical power supply at the main practice site. The cause of the electrical power failure was identified, detailed records written and the incident addressed in a timely manner. However the records did not show that checks were carried out to ensure that medicines stored in fridges had not been affected. We found at this inspection that policies and procedures had been updated to provide staff with clear guidance on the action they should take to check the fridge in the event of a power failure. Details of who the staff should contact were included in the procedure. Records for recording the temperature of the fridge had been reviewed. The temperature was recorded twice daily and a second thermometer provided continuous monitoring of the temperature.