

Ashington House Surgery

Inspection report

Date of inspection visit: 19 November to 19 November

Date of publication: 22/01/2020

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection of Ashington House Surgery on 19 November 2019 as part of our inspection programme and in response to concerns identified at a previous inspection.

At the last inspection on 9 January 2019 we rated the practice as requires improvement for providing safe and well-led care because of issues regarding staff training, policy reviews, infection prevention and control, and the management of clinical referrals. At this inspection we found the practice had addressed these issues, but that there were new concerns in providing safe care and treatment.

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.

The practice continues to be rated as requires improvement overall.

We rated the practice as **requires improvement** for providing safe, and well led services because of several issues with systems to manage patient safety, prescription items, and actions from infection prevention and control audits. We also found a lack of clarity from leaders around succession arrangements.

We rated the practice as good for providing effective, response and caring services because:

- Patients received effective care and treatment that met their needs except for patients with long term conditions.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Quality outcomes were in line with the Clinical Commissioning Group and England averages.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care.

We rated the population group of patients with long term conditions as requires improvement. All other population groups have been rated as good.

We found areas where the provider must make improvements. The provider **must**:

- Ensure that care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We found several areas where the provider should make improvements. The provider **should**:

- Continue to develop a centralised system to monitor appointment delays or track when a patient has missed a referral.
- Continue with measures to address and improve exception reporting for mental health indicators.
- Continue to implement actions to increase uptake for the cervical screening programme.

(Please refer to the requirement notice section at the end of the report for more detail).

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

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Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Requires improvement 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser

Background to Ashington House Surgery

Ashington House Surgery is located in the west of Swindon within the local authority and is one of 25 practices serving the NHS Swindon CCG area. It is based in a converted show house and serves a population of approximately 10,600 patients.

The practice population demographics are similar to the local and national average in age range of the patients. However, the practice has some areas of social deprivation within the local community. Ten percent of the registered practice population were from Black, Asian and Minority Ethnic groups with the remaining 90% being white.

Information published by Public Health England rates the level of deprivation within the practice population group as eighth on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. 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 who are registered with the CQC to provide the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures and diagnostic and screening procedures at one location.

They are supported by one salaried GP, 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 provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations and a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract) including childhood immunisation, minor surgery, coil fitting, learning disability health checks, extended opening hours, and rotavirus and shingles immunisations. Private travel vaccinations are offered in addition to those available free of charge on the NHS.

The practice is open from 8am to 6pm Monday to Friday. However, on Wednesday afternoons only pre-booked appointments are available. From 6pm to 6.30pm the practice has telephone access for any emergencies. The practice also provides extended hours between 7am and 8am from Tuesday to Friday mornings, and between 6.30pm and 8pm on one evening per week. Outside of normal opening hours the practice uses a locally based out of hours provider.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>The overarching governance framework had not ensured that systems and processes were operating effectively to ensure good governance. For example:</p> <ul style="list-style-type: none">• The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation. For example, prescription items for pressing health concerns such as high blood pressure and thyroid deficiency were left uncollected for an extended period of time, and not monitored.• Risk or issue registers and action plans were not always completed, reviewed or updated. For example, some actions from infection prevention and control audit, undertaken in February 2019, had not been completed at the time of inspection.• There were gaps in systems to assess, monitor and manage risks to patient safety. For example, patients with diabetes had not had required blood tests before being prescribed medicine for their condition.• Succession arrangements were not always communicated to staff. Staff we spoke with were unclear about the Primary Care Network or the federation the practice is now a part of.