

# Ashingdon Medical Centre

## 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



Are services caring?

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 Ashingdon Medical Centre on 3 March 2016. Overall the practice was rated as good but required improvement for providing safe services.

During our last inspection we found the provider had not ensured that all risks to patients were assessed and managed. In particular, specific risk assessments for health and safety, the control of substances hazardous to health and legionella. The provider was asked to remedy these and a requirement notice for these improvements was issued.

We also asked the provider to improve their identification of patients who were carers.

Following the inspection an action plan was put in place by the practice to ensure the timely progression and resolution of the concerns highlighted.

On 21 October 2016 we conducted a desk top review and found;

- The practice had revised their environmental risk assessment. This included an assessment of a broad

range of risks such as hazardous substances, slips and trips, moving and handling and the management of clinical waste. All areas had identified actions, these had been assigned to a named individual, dates for completion set, progress reports provided or confirmation that the actions had been completed.

- The practice had revised their legionella assessment in March 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found the practice had introduced a carer's champion. The practice had spoken to their staff to increase their awareness of carers and the services available to them. The Healthcare assistant ensured all patients were asked if they were a carer as part of their new patient check. All identified carer's had been invited to receive their influenza vaccination and had accepted.

We were satisfied that the practice had made the required improvements.

**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.

Good



- The practice had revised their environmental risk assessment. This included an assessment of a broad range of risks such as hazardous substances, slips and trips, moving and handling and the management of clinical waste. All areas had identified actions, these had been assigned to a named individual, dates for completion set, progress reports provided or confirmation that the actions had been completed. For example; We previously found clinical waste was stored in an insecure lockable container and accessible the public. This had been remedied immediately with the use of a lock and chain preventing interference or theft.
- The practice had revised their legionella assessment in March 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Are services caring?

The practice is rated as good for providing caring services.

Good



- We found the practice had introduced a carer's champion. The practice had spoken to their staff to increase their awareness of carers and the services available to them. The Healthcare assistant ensured all patients were asked if they were a carer as part of their new patient check. All identified carer's had been invited to receive their influenza vaccination and had accepted.

# Ashingdon Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection was conducted by a CQC Lead Inspector.

## Background to Ashingdon Medical Centre

Ashingdon Medical Centre is located in a residential location within Ashingdon, Essex. At the time of inspection, the practice had a list size of approximately 2,900 patients which had grown gradually by about 200 patients in the last year. In addition to the main practice there is also a branch surgery called The Dome, located in a residential caravan park. The main practice has recently been developed to improve access, to gain an extra treatment room, to improve infection prevention and control and to improve lighting and the general condition of the building. The branch surgery has also undergone some building work to improve the facilities.

The practice has a larger than average population aged 45 and over, with a smaller than average population aged 44 and under. The practice did not have any registered patients living in care homes.

There are two male GPs, a female advanced nurse practitioner and a female healthcare assistant. There is a practice manager, a dispenser and five administrative/reception staff.

The practice has recently begun offering teaching facilities for medical students who attend the practice for two week placements.

The practice is open from 8am to 7pm Monday, Tuesday and Thursday. The practice is open from 8am to 6.30pm on Wednesday and from 7.30am to 7pm on Friday.

Appointments are offered from 9am to 12pm on Monday to Thursday and from 7.30am to 12pm on Friday. Appointments are then offered from 3pm to 6pm on Monday and Wednesday to Friday and from 3pm to 7pm on Tuesday.

Weekend appointments are also offered at the practice through the local GP Alliance, this service is provided by other GPs.

The branch surgery offers appointments from 12pm to 2pm on Monday and Wednesday. It is open from 12pm to 2pm on Friday but this is with a receptionist only and appointments are not available.

During the inspection, we visited the branch surgery but as it was closed we did not speak to any patients at this location.

## Why we carried out this inspection

We inspected this service to follow up on a requirement made during the comprehensive inspection of the practice on 3 March 2016. We checked whether the necessary improvements had been made.

We carried out a desk top review under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Are services safe?

## Our findings

In March 2016 the practice was inspected and improvements were required in their management of risks to patients and staff. We found specific risk assessments for health and safety, the control of substances hazardous to health and legionella had not been undertaken.

Following the inspection an action plan was put in place by the practice to ensure the timely progression and resolution of the concerns highlighted. We found;

- The practice had revised their environmental risk assessment. This included an assessment of a broad range of risks such as hazardous substances, slips and

trips, moving and handling and the management of clinical waste. All areas had identified actions, these had been assigned to a named individual, dates for completion set, progress reports provided or confirmation that the actions had been completed. For example; We previously found clinical waste was stored in an insecure lockable container and accessible the public. This had been remedied immediately with the use of a lock and chain preventing interference or theft.

- The practice had revised their legionella assessment in March 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services caring?

### Our findings

In March 2016 the practice was inspected. We found the practice had identified only a small percentage of their patients to be carers (0.4% of the practice list). This was despite a poster being displayed in the waiting area to encourage carers to identify themselves and being asked at health checks.

Following the inspection an action plan was put in place by the practice to ensure the timely progression and

resolution of the concern highlighted. We found the practice had introduced a carer's champion. The practice had spoken to their staff to increase their awareness of carers and the services available to them. The Healthcare assistant ensured all patients were asked if they were a carer as part of their new patient check. An additional 46 carer's had been identified by the practice since March 2016. Carer's now accounted for 2% of the practice list. All identified carer's had been invited to receive their influenza vaccination and had accepted.