

# Ashmore Park Health Centre

## Inspection report

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Date of inspection visit: 4 June 2019  
Date of publication: 09/08/2019

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 well-led?

Requires improvement



# Overall summary

We carried out an announced focused inspection at Ashmore Park Health Centre on 4 June 2019 following our annual review of the information available to us. This inspection looked at the following key questions (Safe, Effective and Well Led). The service was previously inspected in April 2018 and was rated **requires improvement** in safe and good overall. The report on the April 2018 inspection can be found by selecting the 'all reports' link for Ashmore Park Health Centre on our website at .

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 requires improvement overall.**

We rated the practice as **requires improvement** for providing safe services because:

- The practice had not ensured that all staff had completed safeguarding training.
- The practice had not reconciled its safeguard register with the support of other professionals.
- Effective arrangements were not in place to ensure children who were not brought to a secondary health care appointments were followed up.
- Staff recruitment practices were not consistently followed and there were gaps in the staff recruitment documents available in staff files.
- The practice did not have effective systems in place for the safe prescribing and monitoring of all high-risk medicines.
- The practice carried out intrauterine device fitting services (coil fitting) but did not have Atropine available to be used in the event of an emergency.
- There was a lack of records to demonstrate that the provider had ensured all staff were up to date with immunisations relevant to their role.
- Fire marshals were not named in the fire safety policy and evidence that they had been trained for the role was not available.

- The practice had a lack of documented risk assessments and had not followed up on the health and safety assessments carried out at the health centre.

We rated the practice as **good** for providing effective services because:

- There was monitoring of the outcomes of care and treatment.
- The practice was able to show that most staff had the skills, knowledge and experience to carry out their roles.
- The practice ensured that consent to care and treatment was always obtained.
- Performance data for the practice showed that it was significantly above local and national averages in most areas.

We rated the practice as **requires improvement** for providing well-led services because:

- While the practice had made some improvements since our inspection on 15 January 2018, it had not appropriately addressed the Requirement Notice in relation to the monitoring and recording of emergency equipment and emergency medicines. At this inspection we also identified additional concerns that put patients at risk.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

Although the population were rated as good for providing effective services. The overall rating for the practice is rated as **requires improvement** and affects all population groups, so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services at the inspection in April 2018. These areas were not inspected at this inspection.

# Overall summary

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Recruitment procedures must operate effectively to ensure that all the documents specified in Schedule 3 were available for each person employed in the carrying out of regulated activities.

- Ensure the practice premises have appropriate documented health and safety and security risk assessments in place.

(Please see the specific details on action required at the end of this report).

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and practice manager specialist advisor.

## Background to Ashmore Park Health Centre

Ashmore Park Health Centre is located in a residential area of Wolverhampton. The practice was previously registered with the Care Quality Commission (CQC) as a partnership. It changed from a partnership to an individual GP in June 2017. The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community or communities. The practice is located in an area of high deprivation and falls within the 30% most deprived in England. The practice provides care and treatment to approximately 4,298 patients of all ages.

The practice team consists of a lead GP (female), two part-time salaried GPs, both male, and a long-term GP locum, male. The GPs work an equivalent of ten sessions per week. The GPs are supported by a practice nurse and a healthcare assistant who both work part time. Clinical staff are supported by a practice manager, and four administration / receptionist staff. In total there are 11 staff employed either full or part time hours to meet the needs of patients.

The practice is open and offers appointments between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday, 8am to 1pm on Wednesday. The practice is part of a group of GP practices based in Wolverhampton called the 'Wolverhampton Unity Hub'. Patients have access to extended clinic appointments that take place at one of the hub practices each week evening (6.30pm - 8pm) and Saturday morning (8am - 2pm). At all other times when the practice is closed there are alternative arrangements for patients to be seen. Patients are directed to the out of hours service Vocare via the NHS 111 service.

The practice offers a range of services for example, management of long-term conditions such as diabetes, contraceptive advice, immunisations for children and travel vaccinations.

Additional information about the practice is available on their website

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>How the regulation was not being met...</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The provider had not ensured that health and safety risk assessments were completed and appropriate adjustments made to reduce the level of risk:</p> <ul style="list-style-type: none"><li>• Risk assessments of the safety and security of the premises were not available. For example, COSHH risk assessments had not been completed.</li><li>• The practice could not demonstrate that all staff received vaccinations and immunisations relevant to their role.</li></ul> <p><b>The provider had failed to ensure the proper and safe management of medicines;</b></p> <ul style="list-style-type: none"><li>• The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper, both on delivery and when they were distributed through the practice.</li><li>• The practice did not have effective systems in place for the safe prescribing and monitoring of patients that were prescribed high-risk medicines.</li><li>• The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.</li></ul> <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met...**

**There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.**

**In particular we found:**

- The provider did not have management oversight of governance arrangements at the practice.
- There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of medicines, health and safety and staff recruitment.
- The provider did not have a system or policy in place which ensured that all children who did not attend their appointment following referral to secondary care were appropriately monitored and followed up.
- The practice did not have clear and effective processes for managing all risks, issues and performance.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**How the regulation was not being met...**

**The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:**

- The provider had not ensured all the required recruitment information for all staff employed by the practice was available.

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014