

Ainsdale Village Surgery Quality Report

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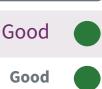
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Are services well-led?



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 Ainsdale Village Surgery on

15 October 2015. The overall rating for the practice was good. However, the practice was rated as requires improvement on the key question of well-led. This was because we found the practice had not updated its registration to reflect that they were delivering family planning services. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for Ainsdale Village Surgery on our website at www.cqc.org.uk.

This follow-up inspection was a focused desk based review, carried out on 24 January 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 in our previous inspection on

15 October 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

Overall the practice is now rated as Good

Our key findings were as follows:

• The practice had taken immediate steps to update their registration with the Care Quality Commission, to include the delivery of family planning services by the practice.

At our previous inspection on 15 October 2015, we found the practice had taken steps ensure that all patient data was transferred to a new practice computer system, but this was taking time. Until all records were correctly collated, this placed an extra work burden on GPs which could have impacted on patient safety. When we checked on the progress of this, we saw that the practice had received on-going support from the Clinical Commissioning Group IT team to ensure that patient records had been correctly transferred, meaning all information required by GPs for each consultation could be accessed.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice



Ainsdale Village Surgery Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was a desk based follow-up conducted by a CQC Lead Inspector.

Background to Ainsdale Village Surgery

Ainsdale Village Surgery is located in a residential area close to Southport, Merseyside and falls within Southport and Formby Clinical Commissioning Group (CCG). The practice is run by two female GP partners, supported by a salaried GP who works one morning each week, and a nursing team made up of an advanced nurse prescriber, a practice nurse and a phlebotomist. The practice manager leads a team of six reception and administrative staff.

The practice is a training practice hosting foundation year two medical students (FY2), and is an accredited GP training practice. The practice has hosted GP registrars from August 2016. Services are delivered under a General Medical Services (GMS) contract. The practice has approximately 3,000 patients.

The practice is open between 8am and 6.30pm Monday to Friday, with an extended hours surgery offered on Tuesday evening from 6.30pm to 8pm. The time of surgeries are staggered throughout the day to provide cover through the morning and afternoon. All surgery times are given on the practice website and updated as required. The practice does not provide weekend surgeries. Patients requiring GP services out of hours are directed to the NHS111 service. Patients who are assessed as needing to see a GP, are directed to a designated provider for the Merseyside area, Go to Doc.

Why we carried out this inspection

We undertook a comprehensive inspection of Ainsdale Village Surgery on 15 October 2015, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and rated as requires improvement in the key question of well-led. The full comprehensive report following the inspection of October 2015 can be found by selecting the 'all reports' link for Ainsdale Village Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk based follow-up inspection of Ainsdale Village Surgery on 24 January 2017. This inspection was carried out to review in detail the actions taken by the practice to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based follow-up inspection of Ainsdale Village Surgery on 24 January 2017. This involved reviewing evidence that:

• Confirmed the practice was correctly registered for all regulated activities it delivers from the practice.

Provided assurance that IT issues that were being experienced in late 2015 had been successfully addressed.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection October 2015, we rated the practice as good overall, with a rating of requires improvement for providing well-led services. This was due to the practice registration in respect of all regulated activities it provides being incorrect.

We issued a requirement notice in respect of this issue.

Governance arrangements

When we undertook a follow up inspection of the service on 24 January 2017, we found the practice had acted immediately, as required, to update their registration with the Care Quality Commission, to reflect that they were delivering family planning services. A new registration certificate was issued to the practice on 2 February 2016.

In the course of our inspection of October 2015, we became aware that the provider had experienced IT issues following

the transfer of patient data to a new IT system. As a result, all patient records, for example letters referring to previous test results and specialist interventions, had not been correctly reconciled and collated into each patient record.

We acknowledged in our original report that the provider had taken steps to reduce risks posed by this, but that the amount of work involved on a day to day basis by the practice was unsustainable.

Following our inspection of October 2015, the practice were given further support from the Clinical Commissioning Group IT support function, to manage this problem and ensure all patient information was migrated and collated correctly into patient records. We made checks on this as part of this follow-up inspection. We were advised by the practice that all work in this regard had gone according to plans implemented by the IT support team. Regular auditing of patient records by the practice showed that this work had been successful.