

Aston Healthcare Limited

Inspection report

Manor Farm Road
Liverpool
Merseyside
L36 0UB
Tel: 0151 480 1244
Website www.astonhealth.com

Date of inspection visit: 13 March 2019 to 15 March 2019
Date of publication: 17/05/2019

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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Aston Healthcare Ltd on 13,14 and 15 March 2019 to follow-up on breaches of regulations identified at the previous comprehensive inspection carried out on 2,3 and 4 October 2018.

At the October 2018 inspection the practice was put into special measures, requirement and a warning notice and conditions applied in relation to the practice carrying out their regulated activities. This was because we found:

- The registered provider had not developed an infrastructure that was sophisticated enough to effectively manage a service for 27,317 patients spread over six sites.
- Governance arrangements for recognising and managing risks across all branches were not well established or effective.
- Periodical health and safety checks were not always completed and when these were in place the registered provider had not responded to the recommendations in the reports. We noted that there were serious issues concerned with fire safety at three of the branch surgeries.
- The registered provider had not ensured premises in use were fit for purpose and we found that one of the branch surgeries was unfit for use due to the condition of the premises.
- Systems and processes in place to protect children and adults from abuse needed to be strengthened.
- The registered providers recruitment practices did not always promote the employment of staff suitable for working with vulnerable people.
- Processes for reporting, managing and learning from incidents were not well developed.
- Medicines management needed to improve to ensure medicines were safe to use and administered and prescribed in keeping with the legal requirements.
- Equipment, medicines and arrangements for dealing medical emergencies did not promote the well-being of patients.
- The registered provider did not have oversight of the care and treatment offered to patients; there was no central control over the management, deployment or supervision of staff.
- There was no evidence of formal performance management of GPs at the practice and a robust system of consultation, referral and prescribing audits for GPs and nurse clinicians was not in place.

- The systems to manage complaints required improvement. There was limited evidence to show the practice encouraged and welcomed complaints so that their processes could be improved.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts however this was not always timely.
- Patient feedback we reviewed indicated that staff treated patients with compassion, kindness, dignity and respect, however processes and systems in place did not always support this.

At this March 2019 inspection we followed up on breaches of regulations identified, warning notices and conditions to registration.

The practice had made improvements since our last inspection.

- Systems and processes had been put in place to address the notices of decisions in relation to providing safe care and treatment, providing competent and well-supervised staff and operating from premises which were safe and fit for purpose.
- Action had been taken to respond appropriately to warning notices in relation to the leadership capacity and capability to deliver high quality care.
- Action had been taken to comply with requirement notices in relation to non-compliance in treating patients with dignity and respect and preserving their privacy; ensuring staff understood the application of the Mental Capacity Act and Deprivation of Liberty Safeguards and receiving and dealing with complaints.
- We found that improvements required in the warning notice and conditions to registration had been achieved and these conditions have been removed from the registration certificate.

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:

Overall summary

- The practice had newly introduced systems and processes to keep patients safe, although it was too soon to measure their effectiveness and impact.
- Clinicians and receptionists had not been given enough guidance on identifying deteriorating or acutely unwell patients suffering from suspected sepsis. However, they were aware of how to respond to other medical emergencies.
- The practice did not have robust systems in place for the safe management of medicines.
- The practice was embedding newly introduced systems to promote learning and make improvements when things went wrong.

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

- There was monitoring of the outcomes of care and treatment however this was not always based on accurate information in that some figures used relating to the same topics differed depending on the source of information.
- The practice could show that staff had the skills, knowledge and experience to carry out their roles, however systems in place to monitor competency was not well developed.
- Some performance data was below local and national averages and the provider could not demonstrate that this information had been used to review practice.
- The practice did not have a system to monitor whether treatment was always provided with the appropriate consent.

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

- Systems in place to monitor the quality of the service were not robust or effective because the provider could not offer assurance that data collected was complete and accurate.
- Leaders could show that they had the capacity and skills to deliver high quality, sustainable care, however these systems were new and had not been embedded.
- The overall governance arrangements were not embedded.
- While the practice had a clear vision, the strategy had not been ratified and implemented.
- The practice did not have clear and effective processes for managing risks, issues and performance.

- The practice demonstrated a positive culture which was reflected in the attitude of staff and staff satisfaction.
- We saw evidence of systems and processes for learning and continuous improvement however these were not fully tested, and a gap was found in relation to responding to themes identified from complaints.

These areas affected all population groups so we rated all population groups overall as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services because:

- 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.

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.
- Ensure persons employed in the provision of the regulated activity receive appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

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

- Consider providing practice nurses with level three child protection and adult safeguarding training.
- Review the cleaning schedule to include small hand-held equipment.
- Review the storage of liquids throughout the organisation.
- Review how themes in complaints can be used to improve practice.
- Review how complaints made by patients to stakeholders can be monitored.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated
Care

Population group ratings

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

Our inspection team

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

Background to Aston Healthcare Limited

Aston Healthcare Ltd is located at Manor Farm Road, Liverpool, Merseyside. L36 0UB. There are six practices, one at the registered location and five branches.

The branches surgeries are:

Camberley Medical Centre, Camberley Drive, Halewood, Liverpool L25 9PS.

Gresford Medical Centre, Pilch Lane, Liverpool L14 0JE.

Knowsley Medical Centre, Frederick Lunt Avenue, Knowsley, L34 0HF.

Halewood Resource Centre, Roseheath Drive, Halewood, Liverpool L26 9UH.

Whiston Primary Resource Centre, Old Colliery Road, Liverpool, L35 3SX.

We visited the main site and all the branch surgeries. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 27,177. The practice is part of the Knowsley Clinical Commissioning Group (CCG).

There are three GP partners. At the time of the inspection one partner was transitioning into the role of registered manager.

Each partner has taken the lead in a key area including safeguarding, clinical oversight and infection control. There is also a newly installed management team with responsibility for developing and implementing quality assurance and governance systems.

The practice has 11 male and female GPs, seven advanced nurse practitioners (ANP) and seven practice nurses. Clinical staff were allocated to practice at specific branch surgeries.

A senior practice manager was employed who managed a team of practice managers and administrative staff allocated to the main and branch practices. The patient profile, for the patient list, indicates that age populations align with the national averages. According to public health data the patient list's average deprivation level is 2 out of 10. Deprivation scores are from 1 (most deprived) to 10 (least deprived).

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 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>How the regulation was not being met:</p> <p>The provider had failed to ensure the proper and safe management of medicines;</p> <ul style="list-style-type: none">• The provider did not have effective arrangements in place for the monitoring and security of computer prescription paper, both on delivery and when they were distributed through the practice.• There was no assurance that a GP was always present during all instances of child immunisation.• The provider did not have effective arrangements in place to ensure that uncollected prescriptions were reviewed by a clinician before destruction.• The follow-up system to review patients with diabetes and asthma was ineffective.• Comprehensive care records were not maintained for all patients with dementia that were administered high-risk anticoagulant medicine.• The provider did not have an effective system or policy in place for monitoring and following up patients with poor mental health. For example, those who failed to attend an appointment. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures 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>

This section is primarily information for the provider

Requirement notices

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

We found:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively and audits were incomplete.
- Themes were not always identified and acted on.
- Various codes were used to record patient diagnosis so findings from filtering these codes were not based on accurate and complete information.
- When concerns were highlighted through audit these were not always actioned.
- The provider did not have systems to check performance at both practice and branch level and so could not be assurance about how well needs were met and shortfalls addressed at branch level.
- Comprehensive audit plans had not been developed.

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
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- At the time of the inspection the provider had not reviewed the systems in place to gain assurance that all clinical staff were clinically competent and appropriately supervised.

Staff had not completed all the appropriate training:

- Staff had not completed specialist sepsis training.
- Not all clinical staff had completed Mental Capacity Act and Deprivation of Liberty Safeguarding training and this subject was not included on the training plan.
- Staff who triaged home visit calls had not received training.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.