

The Ash Surgery

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Ash Surgery on 15 April 2015. The overall rating for the practice was Good. However, the practice was rated as Requires Improvement for providing safe services. The full comprehensive report on the April 2015 inspection can be found by selecting the 'all reports' link for The Ash Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 17 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified at our previous inspection on 15 April 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- Action had been taken to ensure that a record of the required staff recruitment information was maintained.

- Action had been taken to ensure that the premises and equipment were safely maintained.

In addition, the practice had made the following improvements:

- A system had been put in place to record the receipt and allocation of prescription pads.
- Improvements had been made to the records of staff training to assist with the monitoring of training needs.

The areas where the provider should make improvements are:

- The practice should review the actions from the health and safety and fire audits on a three monthly basis to ensure these are fully completed. The fire audit should also include a check on furnishings to ensure compliance with fire safety regulations.
- In house weekly checks of the fire alarm and monthly checks of emergency lighting should be consistently undertaken.

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. The practice had addressed the issues identified during the previous inspection. Appropriate recruitment checks were in place and action had been taken to ensure the premises and equipment were safe.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should review the actions from the health and safety and fire audits on a three monthly basis to ensure these are fully completed. The fire audit should also include a check on furnishings to ensure compliance with fire safety regulations.
- In house weekly checks of the fire alarm and monthly checks of emergency lighting should be consistently undertaken.

The Ash Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Background to The Ash Surgery

The Ash Surgery is based in the Aigburth area of Liverpool. The practice treats patients of all ages and provides a range of medical services. The staff team includes four GP partners, four salaried GPs, three practice nurses, a healthcare assistant, a practice manager, an assistant practice manager and administrative and reception staff. The practice has Foundation doctors working for them as part of their training and development in general practice.

The practice is open Monday to Friday from 8.30am to 6.30pm. Patients can book appointments in person, on-line or via the telephone. The practice provides telephone consultations, pre bookable consultations, same day appointments and home visits to patients who are housebound or too ill to attend the practice. The practice closes one afternoon per month for staff training. When the practice is closed patients access the Out-of-Hours GP service by calling NHS 111.

The practice is part of Liverpool Clinical Commissioning Group. It is responsible for providing primary care services to approximately 6,500 patients. The practice is situated in one of the more affluent suburbs of Liverpool and caters for a population that has more nursing homes than average.

The practice has a General Medical Services (GMS) contract. The practice shares a building with a counselling service and community services such as health training and the podiatry service operate from the practice. An improvement grant had been applied for to enable the practice to extend the premises and make more room for clinics and other services.

Why we carried out this inspection

We undertook a comprehensive inspection of The Ash Surgery on 15 April 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. However, the practice was rated as Requires Improvement for providing safe services. The full comprehensive report following the inspection on 15 April 2015 can be found by selecting the 'all reports' link for The Ash Surgery on our website at www.cqc.org.uk.

We undertook an announced focused inspection on 17 May 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of The Ash Surgery on 17 May 2017. This involved reviewing:

- Records and an action plan developed by the service indicating how improvements had been made to safety.

Are services safe?

Our findings

At our previous inspection on 15 April 2015 we rated the practice as requires improvement for providing safe services. Improvements were needed to the records of recruitment to demonstrate that the staff employed were suitable for their roles. Improvements were also needed to ensure the premises and equipment were safe.

When we undertook a follow up inspection on 17 May 2017 we found that improvements had been made. We asked the provider to confirm that they were now seeking the recruitment information that was not in place at the last inspection. The provider sent us records relating to two clinical staff employed since the last inspection. This demonstrated that references had been undertaken. The provider told us they had introduced a system to assess any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. Records demonstrated that checks were taking place of ongoing professional registration with the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and the National Performers List. A system had also been put in place to ensure clinicians had up to date professional indemnity insurance. Evidence that a Disclosure and Barring Service (DBS) check was in place or had recently been applied for, for the GPs was also provided to CQC (Disclosure and Barring Service checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We noted that one GP had not had a full DBS check that included a check against the list of people barred from working with adults. The practice manager confirmed to us that a full DBS check would be applied for.

Records showed that the checks of the premises that were outstanding at the last inspection had been completed. This included an annual health and safety and fire safety audit. These audits identified action to be taken and the action plans showed that a number of areas had been addressed. The action plans were not formally reviewed in between audits which would assist in ensuring all action points were completed. We noted that the fire audit did not include a check on furnishings to ensure compliance with fire safety regulations. Quarterly environmental risk assessments were now carried out. The COSHH risk assessments had not been reviewed since 2014. The practice manager had requested that these be updated by the cleaning company that employed the cleaners for the practice.

An up to date electrical wiring inspection had taken place since the last inspection which identified that the electrical wiring was satisfactory. Evidence that the fire extinguishers and the fire alarm had been serviced were in place. The emergency lighting had not received an up to date service. The practice manager told us this was planned for June 2017. In-house checks of the fire alarm and emergency lighting were now taking place however records showed the fire alarm was not consistently tested weekly and the emergency lighting was not consistently tested monthly.

In addition we found that further improvements had been made to ensure the safety of the service. A system had been put in place to record the receipt and allocation of hand written prescription. The records of staff training had been improved to assist with meeting the training needs of staff. We noted that some staff needed to update their training in basic life support, information governance, fire safety, health and safety and infection control. A training plan was provided to us to demonstrate when this training would be undertaken.