

Ashington House Surgery

Inspection 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 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 Ashington House Surgery on 9 January 2019 as part of our inspection programme.

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, requires improvement for providing safe, effective and well led services and good for providing caring and responsive services.

We have rated it as good for all of the responsive population groups and requires improvement for the effective population groups. This means that the population groups are rated as requires improvement overall.

We found that:

- Not all staff who acted as chaperones had been appropriately trained.
- Not all policies and procedures were up to date or had been adequately reviewed to ensure that information contained was accurate and current.
- Clinical waste was not always disposed of correctly.
- Non-clinical staff had not received sepsis training and were unaware of sepsis or the signs to look for.
- Referrals were not managed appropriately as there were no checks in place to ensure that appointments had been made.

- Many PGDs were either out of date, not signed or not signed by all staff who were required to sign them.
- Patients received effective care and treatment that met their needs.
- 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 way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Feedback from patients was consistently positive and was higher than local and national averages.
- Quality outcomes were in line with the Clinical Commissioning Group and England averages.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care, particularly for older people and people with long term conditions.

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please refer to the requirement notice section at the end of the report for more detail).

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 and included a GP specialist adviser. It also included a practice manager and a practice nurse who were observing the inspection process as part of their training.

Background to Ashington House Surgery

Ashington House Surgery is located in the west of Swindon within the local authority and is one of 25 practices serving the NHS Swindon CCG area. It is based in a converted show house and serves a population of approximately 10,600 patients.

The practice population demographics are similar to the local and national average in age range of the patients, however, the practice has some areas of social deprivation within the local community. Ten percent of the registered practice population were from Black, Asian and Minority Ethnic groups with the remaining 90% being white.

Information published by Public Health England rates the level of deprivation within the practice population group as eighth on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.


Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The team consists of five GP partners who are registered with the CQC to provide the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures and diagnostic and screening procedures at one location.


They are supported by one salaried GP, two-part time practice nurses and a health care assistant. The clinical team are supported by a practice manager and a team of reception and administration staff.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations and a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract) including childhood immunisation, minor surgery, coil fitting, learning disability health checks, extended opening hours, and rotavirus and shingles immunisations. Private travel vaccinations are offered in addition to those available free of charge on the NHS.

The practice is open from 8am to 6pm Monday to Friday. However, on Wednesday afternoons only pre-booked appointments are available. From 6pm to 6.30pm the practice has telephone access for any emergencies.



The practice also provides extended hours between 7am and 8am on Wednesday and Friday mornings and between 6:30pm and 7:30pm on Tuesday evenings.



Outside of normal opening hours the practice uses a locally based out of hours provider.

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• There were gaps in systems to assess, monitor and manage risks to patient safety. For example, referrals were not managed appropriately as there were no checks in place to ensure that appointments had been made.• Systems and processes for the safe management of medicines had not been reviewed and actions had not been taken to ensure these were operating effectively. For example, medications in the emergency bags and pads in the defibrillator were not being checked often enough as we found eye gel and child pads that were out of date.• PGDs were not being reviewed as we found many that were out of date and others that were either not signed, or not signed by all staff who were required to sign them.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services 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> <p>The overarching governance framework had not ensured that systems and processes were operating effectively to ensure good governance.</p> <ul style="list-style-type: none">• There were unclear responsibilities, roles and systems of accountability and the governance and management was ineffective. For example, not all staff who acted as chaperones had been appropriately trained.

This section is primarily information for the provider

Requirement notices

- There was no system in place to ensure that all policies and procedures were up to date or had been adequately reviewed to ensure that information contained was accurate and current.
- The correct sharps bins were not always being used.
- Referrals were not managed appropriately as there were no checks in place to ensure that appointments had been made.
- The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation. For example, PGDs were not being reviewed as we found many that were out of date and others that were either not signed, or not signed by all staff who were required to sign them.
- The practice did not have a comprehensive programme of quality improvement activity and there was limited monitoring of the outcomes of care and treatment.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.