

Ash Trees Surgery

Quality Report

Market Street

Carnforth

Lancashire

LA5 9JU

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Website: www.ashtreesurgery.co.uk/

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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 at Ash Trees Surgery on 14 October 2014. The overall rating for the practice was good, although the practice was rated as requires improvement for safety. The full comprehensive report on the October 2014 inspection can be found by selecting the 'all reports' link for Ash Trees Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 September 2017 to assess the improvements that the practice had made following the recommendations laid out at our previous inspection on 14 October 2014. This report covers our findings in relation to those improvements made since our last inspection.

The practice is now rated as good for safe services, and overall the practice is rated as good.

Our key findings were as follows:

- The practice had taken action to address the concerns raised at the CQC inspection in October 2014. Risk assessments and policies had been in place for some time to improve safety in areas such as patient consent, infection control and medicines management.
- There was a central record of staff training, and we saw that staff were undertaking the training required for their role.
- There was a register of patients who were carers.

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 taken action to address the concerns raised during our previous inspection in October 2014. They had:

- Put risk assessments and policies in place to improve safety regarding infection control and medicines management;
- Carried out infection control audits, and ensured that clinical waste was stored appropriately;
- Ensured that Patient Specific Directions were appropriately signed before patients presented for treatment;
- Provided training for staff in the Mental Capacity Act 2005;
- Put in place a central record of staff training;
- Created a record of patients with carer responsibilities;
- Ensured clinicians had electronic access to patients' warfarin test results;
- Made sure all single use clinical equipment was appropriately stored and not opened before use.

Good



Ash Trees Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Ash Trees Surgery

Ash Trees Surgery is located in Carnforth and is part of the Morecambe Bay Clinical Commissioning Group. There are branch surgeries in Bolton-le-Sands, Silverdale and Halton. The total patient population is approximately 15,000.

The main surgery building in Carnforth has level access with the reception and some patient rooms on the ground floor. There is a lift for patients to access rooms on the first floor. There is also a pharmacy on site.

The staff team currently comprises of 11 partners and four associate GPs. This includes both male and female doctors. Working alongside the GPs are a practice manager and assistant practice manager, an advanced nurse practitioner, six nurses, five primary health care support workers, 16 administration/reception staff, and a team of patient advisors and clinical auditors.

The practice population includes lower-than-average numbers of people under the age of 18, and a significantly higher-than-average number of people over the age of 65, in comparison with national averages. There are comparatively low levels of deprivation in the practice area.

Surgery opening times at Ash Trees are between 8am and 7.30pm on Monday, 8am and 6.30pm on Tuesday and

Friday, and 7.30am to 6.30pm on Wednesday and Thursday. Surgery hours at the branches are more restricted. When the surgery was closed the care and treatment needs of the patients were met by an out of hours provider, Bay Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Ash Trees Surgery on 14 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection in October 2014 can be found by selecting the 'all reports' link for Ash Trees Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Ash Trees Surgery on 7 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out an announced inspection on 7 September 2017. We visited the practice's main surgery in Carnforth. We spoke with the practice manager, assistant practice manager and lead GP, as well as other clinical and administrative staff. We reviewed documentation related to staff training, infection control procedures in the practice and assorted practice policies.

Are services safe?

Our findings

At our previous inspection on 14 October 2014, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment needed to be improved.

These arrangements had improved when we undertook a follow up inspection on 7 September 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

When we inspected the practice in October 2014 some of the systems, processes and practices in place to keep people safe required improvement.

At this inspection, we found these improvements had been made.

- At the inspection in October 2014, the practice did not have some risk assessments and audits to ensure good infection control standards. Clinical waste was not correctly stored and oxygen resuscitation masks for children had been opened. When we visited in September 2017, we saw that shortly after the last inspection a risk assessment for the control of substances hazardous to health (COSHH) had been put in place and quality assurance checks on the cleanliness of the practice had been carried out. These had been kept up to date since that time and any actions identified from these checks had been performed. Clinical waste was now disposed of correctly, and bags of this were appropriately stored for collection. All single use equipment, including oxygen masks, that we checked were in date and unopened.
- In October 2014 we saw there was no central record of staff training, and staff had not been trained in the requirements of the Mental Capacity Act 2005. In September 2017 we saw there was now a central spreadsheet for staff training. A member of staff was responsible for ensuring it was up-to-date. We saw that Mental Capacity Act training was available online. While this had not been completed by all staff, we saw that training on Mental Capacity Act was due to be given to all staff at a Practice Learning Time event in October 2017. There was a policy available to staff which outlined the requirements of the Act, and we saw read receipts from emails to show that staff had read this.
- There was no practice policy in relation to patient consent when we inspected in October 2014. In September 2017 there was a policy as well as a consent protocol which was up-to-date and had been read by staff.
- In October 2014, the practice GPs were not able to electronically access warfarin test results, and therefore were not always aware of a patient's latest result before prescribing. Patient Group Directions (PGD) were not appropriately signed (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) and there were no documented policies for medicines management. At this inspection we found that the practice was now using a system which enabled them to access warfarin results electronically and check the most recent result. All PGDs were signed by the lead GP and all nursing staff who used them, and there was a medicines management policy in place which was up-to-date and had been read by staff. This covered areas such as the storage and ordering of medication and prescribing stationary.
- Although the practice was carrying out good work for patients who were carers when we inspected in 2014, they did not maintain a register of these patients. In September 2017 the practice had a register which showed they had identified 298 patients as carers, which was approximately 2% of the patient list.