

Ashcroft Surgery

Quality Report

Ashcroft Surgery
Stewkley Road
Wing
Bedfordshire
LU7 0NE
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Website: www.ashcroft-surgery.co.uk

Date of inspection visit: We have not revisited Ashcroft Surgery as part of this review because the practice was able to demonstrate that they were meeting the regulations associated with the Health and Social Care Act 2008 without the need for a visit.
Date of publication: 06/04/2017

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 

Are services effective?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Ashcroft Surgery in Wing, Bedfordshire on 27 September 2016 we found two breaches of regulations relating to the provision of safe and effective services. The overall rating for the practice was requires improvement. Specifically, Ashcroft Surgery was rated requires improvement for providing safe and effective services and good for the provision of caring, responsive and well-led services. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Ashcroft Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 27 March 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 in September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection. Using information provided by the practice we found the practice was now meeting the regulations that had previously been breached. We have

amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

Our key findings were as follows:

- The practice had assessed what emergency medicines should be available and increased awareness to ensure staff knew the location of the emergency medicines. The practice had the appropriate medicines available to respond to medical emergencies.
- Appropriate appraisal arrangements were now in place, appraisals had been completed and there was evidence of performance monitoring and identification of personal and professional development.
- The practice had taken steps to increase the number of identified patients with caring responsibilities within the practice population. In March 2017, the practice patient population list was 3,950. The practice had identified 63 patients, who were also a carer; this was an increase from 39 identified carers at the September

Summary of findings

2016 inspection and amounted to approximately 1.5% of the practice list. Each month the practice was identifying more and advising them of the various avenues of support available from the practice, the local council and charities and voluntary organisations such as The Alzheimer's Society where appropriate.

- The practice had increased the promotion of the NHS Friends and Family Test within the practice and was taking appropriate action with a view to monitor the

patient experience. Practice staff had actively promoted completion of this test and other patient experience tools. Initially participation was slow with only six cards completed in the two month period of November 2016 and December 2016. This improved in January 2017 with 13 feedback cards completed.

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 had taken appropriate action and is now rated as good for the provision of safe services.

Our last inspection in September 2016 identified concerns relating to how the practice would manage a medical emergency. Specifically, the practice did not have appropriate emergency medicines and staff were unsure of where they would access emergency medicines. If staff were not sure where to obtain medicines or whether they were stored onsite, this could delay any response to a medical emergency.

Using information provided by the practice we found the concerns had been addressed:

- The practice had assessed what emergency medicines should be available and increased awareness to ensure staff knew the location of the emergency medicines. The practice had the appropriate medicines available to respond to medical emergencies including atropine (required as the practice performed aspects of minor surgery) and naloxone which would be used in the care of an overdose on pain relief medicine.

Good



Are services effective?

The practice had taken appropriate action and is now rated as good for the provision of effective services.

Our last inspection in September 2016 identified concerns relating to staff appraisals. Whilst training arrangements were consistent there was not a programme of staff appraisals.

Using information provided by the practice we found the concerns had been addressed:

- Appropriate appraisal arrangements were now in place, appraisals had been completed for all members of staff and there was evidence of performance monitoring and identification of personal and professional development. We also saw an appraisal programme for the next cycle of yearly appraisals.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns related to the safe and effective domains identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns related to the safe and effective domains identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns related to the safe and effective domains identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns related to the safe and effective domains identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns related to the safe and effective domains identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



- Furthermore, the practice had taken steps to increase the number of identified patients with caring responsibilities within the practice population. In March 2017, the practice patient population list was 3,950. The practice had identified 63 patients, who were also a carer; this was an increase from 39 identified carers at the September 2016 inspection and amounted to approximately 1.5% of the practice list. Each

Summary of findings

month the practice was identifying more carers and advising them of the various avenues of support available from the practice, the local council and charities and voluntary organisations such as The Alzheimer's Society where appropriate

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns related to the safe and effective domains identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Ashcroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review inspection was completed by a CQC Inspector.

Background to Ashcroft Surgery

Ashcroft Surgery is a small rural GP dispensing practice located in purpose built premises in Wing, the village between Aylesbury, Buckinghamshire and Leighton Buzzard, Bedfordshire. Ashcroft Surgery is one of the practices within Aylesbury Vale Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,950 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services are provided from:

- Ashcroft Surgery, Stewkley Road, Wing, Near Leighton Buzzard, Bedfordshire LU7 0NE.

There are also two outreach clinics in two nearby villages:

- Cheddington (Methodist Church), The Green, Cheddington, Leighton Buzzard, Bedfordshire LU7 0RJ.
- Stewkley (Pavillion), Soulbury Road, Stewkley, Leighton Buzzard, Bedfordshire LU7 0HN.

According to data from the Office for National Statistics, Wing and the surrounding villages have high levels of affluence, low incidence of substance misuse, low incidence of severe mental health problems and low levels of deprivation.

Ethnicity based on demographics collected in the 2011 census shows the population of Wing and the surrounding villages is predominantly White British. The practice population has a lower proportion of patients aged between 20 and 39 years when compared to the local CCG and national averages whilst there is a higher proportion of patients aged between 45 and 74 years. Ashcroft Surgery also provides GP services to a local residential home (38 patients).

Over the previous three years Ashcroft Surgery has seen a significant amount of change, including changes of some of the key members of staff including GP Partners and the practice manager.

The practice comprises of one GP (a male GP) who is supported by two salaried GPs (both female). The all-female nursing team consists of one practice nurse and one health care assistant.

The practice manager, together with a team of reception and administrative staff they undertake the day to day management and running of the practice.

One of the GPs is the designated dispensary lead and the dispensary team consists of a dispensary manager, two dispensers and an assistant dispenser who also performs reception duties.

Ashcroft Surgery is open between 8.30am and 6pm Monday to Friday with a range of appointments between 8.45am and 6pm. During the period between 8am and 8.30am and 6pm and 6.30pm, the Duty GP provides emergency arrangements to patients contacting the practice.

GP consultations at the two outreach clinics are available every Tuesday, in Cheddington between 9am and 9.30am and Stewkley between 11am and 12 noon. There were no extended hour's surgeries available. The dispensary has core opening hours between 9am and 6pm every weekday.

Detailed findings

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 27 September 2016 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We undertook a follow up desk-based focused inspection on 27 March 2017 to follow up and assess whether the necessary changes had been made, following our inspection in September 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the requirements of the regulations that had previously been breached.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We carried out a desk-based focused inspection of Ashcroft Surgery on 27 March 2017. This involved reviewing evidence provided by the practice and a range of information we hold about the practice.

- We reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulation.
- We also reviewed information provided by the practice, including evidence of the new arrangements to manage medical emergencies, evidence of completed appraisals and information of improved systems to identify patients with caring responsibilities and how the practice monitored the patient experience.

All were relevant to demonstrate the practice had addressed the breaches of regulation identified at the inspection in September 2016.

Are services safe?

Our findings

When we inspected Ashcroft Surgery in September 2016, we identified concerns relating to how the practice would manage a medical emergency. Specifically, the practice did not have appropriate emergency medicines and staff were unsure of where they would access emergency medicines. If staff were not sure where to obtain medicines or whether they were stored onsite, this could delay any response to a medical emergency.

We reviewed information provided by the practice and found the practice had made improvements to address the concerns previously identified.

Arrangements to deal with emergencies and major incidents

There was now appropriate storage of emergency medicines. Following the September 2016 inspection, the practice had recorded the lack of two emergency medicines (atropine and naloxone) as a significant event. As part of that analysis the practice now had these added to the emergency medicines kit.

We saw there was now a designated lead member of staff to monitor these medicine including monitoring stock levels and expiry dates every month. In January 2017, we saw the practice had completed an emergency drill which confirmed that all staff were aware of the location of all emergency equipment and medications.

These actions were now ensuring that requirements relating to safe care and treatment were being met.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected Ashcroft Surgery in September 2016, we identified concerns relating to a lack of a programme of staff appraisals. Our discussions with staff who had worked at the practice for more than 12 months confirmed staff had not had an annual appraisal in the preceding few years. For example, the nurse had not had an appraisal since joining Ashcroft Surgery in October 2013 and the last recorded appraisal for any member of staff was in February 2011.

We reviewed information provided by the practice and found the practice had made improvements to address the concerns previously identified.

Effective staffing

Following the September 2016 inspection, we saw the practice manager had contacted every member of staff to arrange an appraisal to be completed within eight weeks of the inspection.

We reviewed anonymised completed appraisals and saw the practice had fulfilled the arrangement to complete the appraisal programme. The anonymised completed appraisals we reviewed included evidence of identification for personal and professional development. Furthermore, the practice had implemented a programme of yearly appraisals for all practice staff.

These actions were now ensuring that requirements relating to staffing were being met.