

Aston Healthcare Limited

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?

Requires improvement



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 and 14 November 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 13, 14 and 15 March 2019.

The practice had made improvements since our last inspection.

- Systems and processes had been put in place to address the requirement notices in relation to providing safe care and treatment, providing competent and well-supervised staff and medicines management.
- Action had been taken in response to requirement notices regarding the provider's leadership capability to deliver high quality care. However, the workflow of the leadership team needs to be reviewed.
- 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 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:

- Incidents were not always well managed as some staff did not understand that these needed to be reported centrally.
- The processes used to log incidents were unclear.
- Investigations at a branch level were not always escalated to the provider.
- Learning and outcomes from investigations were not always communicated appropriately.
- Information was not recorded in sufficient detail to help identify trends.

However:

- The practice had some newly introduced systems and processes to keep patients safe which had been reviewed and changes made as required.
- Clinicians and receptionists had been given guidance to identify deteriorating or acutely unwell patients suffering from suspected sepsis.
- The practice had introduced appropriate systems for the safe management of medicines.
- The practice continued to embed 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 a significant backlog in long-term condition health reviews.
- An effective service was not provided in relation to promoting positive outcomes for patients for example health reviews; childhood vaccines and cervical screening.

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

- Verified feedback through NHS England patients survey and information returned through the CQC comment cards identified patient dissatisfaction with most aspects of the service.

However:

- Unverified data from the Friends and Family test result and Healthwatch Knowsley indicated staff were kind to patients and treated them with kindness and respect.

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

- Workforce issues meant processes for learning and continuous improvement were not fully implemented and the leaders could not demonstrate the capacity to provide the presence needed to promote sustained improvements.
- The means by which the senior management team would achieve their goals were not clear.
- The overall governance arrangements had not been in use long enough to allow for their effectiveness to be reviewed.

Overall summary

- Although improvements were found in most aspects of risk management, the practice still did not have clear and effective processes for managing all aspects of running the six surgeries centrally.
- The incident reporting policy and procedures in place needed strengthening.

However:

- Leaders could show that they had the skills to deliver high quality, sustainable care.
- Systems in place to monitor the quality of the clinical service were robust as the provider could offer assurance that clinical data collected was complete and accurate.
- The practice demonstrated a positive culture and had systems in place to collaborate with a variety of stakeholders.

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

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

- The effectiveness of the new telephone system needed to be monitored.

However:

- The practice organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.
- The provider responded to feedback from stakeholders and was seen to take appropriate steps and make changes promptly in response to feedback.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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







- Take account of staff recruitment; professional qualifications; ongoing indemnity insurance and staff immunisation status.
- Have regard to a centralised failsafe system for monitoring cervical screening results.
- Introduce regular health checks for patients over 75.
- Consider introducing a standard letter to encourage parents to bring their children for immunisation and identify children who have not been brought for their vaccinations and take steps to encourage their parents to bring them for immunisation.
- Take account of the meningitis vaccine for relevant patients.
- Consider how best to use qualified staff to increase the uptake of cervical screening and baby vaccines.
- Produce records from minutes that always provide useful information about what was discussed.
- Review the processes used by the care navigators with regards consistency in guidance provided to patients.
- Reduce the risk of private conversations being overheard at all the practices but particularly at Manor Farm.
- Review the staff compliment of the care navigation team at busiest times of the day.
- Review the response to patient feedback concerned with the telephone queuing system and the timeliness of repeat prescriptions.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

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 manager 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 Manor Farm medical centre, 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 two 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 26,599 patients. The practice is part of the Knowsley Clinical Commissioning Group (CCG).

There are two GP who are directors of the company.

The governance team included the directors and senior management team of three who held responsibility for developing and implementing quality assurance and governance systems.

GP directors took the lead in key areas including safeguarding, clinical oversight and medicines management.

The practice employs six and a half whole time equivalent GPs including the directors; salaried and locum GPs; the gender of GP's varies according to the rota; five advanced nurse practitioners (ANP) made up of salaried and locum staff and two practice nurses supported by a team of regular agency practice nurses. Clinical staff worked between all six practices.

Two additional deputy practice manager roles have been developed. Each has responsibility for the day to day management of three 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 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 registered person had systems and processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• System in place for reporting, recording, and investigating incidents were weak.• Systems for sharing learning from incidents were not well-developed.• The provider did not have oversight of all incidents recorded throughout the service. <p>The registered person had systems and processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the information obtained throughout the governance process.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider had not taken sufficient action in response to data and feedback which indicated the deployment of clinical and nursing staff needed to be revised.• A comprehensive plan to monitor operational processes was not in place. <p>There was additional evidence of poor governance.</p> <p>In particular:</p> <ul style="list-style-type: none">• The quality of written communication between senior managers and staff teams needed to improve.• A system was not in place to ensure all staff received the same information when this was appropriate. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>