

Ashfield Road Surgery

Inspection report

39 Ashfield Road
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Wolverhampton
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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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Ashfield Road Surgery on 25 February 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.

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

- The safeguarding policy was not updated to reflect updated categories of abuse.
- Not all staff had received safeguarding training appropriate to their role.

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

- There were gaps in the practice's governance arrangements.
- Effective management oversight of systems to confirm ongoing monitoring and improved processes was not evident.
- The practice did not have management oversight of the maintenance of up to date records of staff qualifications and training.
- When incidents happened, the practice investigated but there was an absence of fully documented records of the incident to clearly show the actions taken to prevent further occurrence and embedded learning.
- The minutes of meetings lacked detail to demonstrate, who had attended, discussions held, decisions made, action to be taken and by who and learning to be disseminated.

We rated the practice as **good** for providing effective, caring and responsive services because:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice had a documented programme of planned clinical and internal audits.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had reviewed its staffing structure and skill mix to ensure it could meet the changing needs of its patients.

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.

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

- Update the business continuity plan to include details of new staff.
- Develop a documented practice strategy to support its vision and values.
- Review the contents of the spillage kit.
- Include checks of the blinds when undertaking assessments of the safety of the premises to ensure the locking system is working.

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	Good	
People with long-term conditions	Requires improvement	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Ashfield Road Surgery

Ashfield Road Surgery is registered with the Care Quality Commission (CQC) as a single-handed GP practice. The practice operates over two sites. The main practice is based at Ashfield Road Surgery and the other is located at Pendeford Health Centre. For this inspection a visit was made to the Ashfield Road site only. Ashfield Road Surgery is a well-established GP practice situated in Wolverhampton. The practice at Ashfield Road operates from a converted house. The other practice, Pendeford Health Centre operates from a purpose built healthcare facility. There is access at both locations for patients who use wheelchairs.

The practice has a high proportion of patients (70%) under the age of 65 years. There is an even distribution of male and female patients across all age groups. The number of patients between the ages of 65 and 85 years plus years is 23% compared with the local average of 26% and the average across England of 27%. At the time of our inspection, the practice had approximately 78% white and 22% were identified as Asian, mixed race, black and other race. The practice is in the fourth least deprived decile in the city. This may mean that there is an increased demand on the services provided.

The practice does not provide an out of hours service to its own patients but patients are directed to the out of hours service, Vocare, via the NHS 111 service. The

practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. Services provided at the practice include the care and treatment for patients with long term condition management including asthma, diabetes, minor surgery, hypertension (high blood pressure) and immunisation. The level of income deprivation affecting children is 27%, which is higher than the National average of 20%. The level of income deprivation affecting older people is 28% also higher than the National average of 20%.

The team of clinical staff cover both sites and is made up of three GPs (one female, two male). The permanent GPs work a total of 18 sessions between them. The practice also uses a regular locum GP to support the practice and provide continuity for patients at times of absence. Other clinical staff who all work part time include two practice nurses, an advanced clinical pharmacist and an advanced nurse practitioner. The clinical staff are supported by two practice managers, and six administration/reception staff. In total there are 16 staff employed either full or part time hours to meet the needs of patients across both sites.

Additional information about the practice is available on their website: www.ashfieldroadsurgery.co.uk

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 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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The safeguarding policies did not reflect updated categories of abuse.• The practice could not demonstrate that a system to ensure detailed documentation of the investigation and outcome of incidents was recorded or that sharing learning with staff took place.• Effective management oversight of systems to confirm ongoing monitoring and improved processes was not evident.• There was a lack of a systematic approach to ensure management oversight of records of staff qualifications, training, appraisals and development.• The practice had not ensured that all staff had completed safeguarding training at a level appropriate to their role.• The practice had not ensured that the minutes of meetings were sufficiently and appropriately detailed to demonstrate staff present, discussions and outcomes.• Health and safety risk assessments had been completed but had not included an assessment of corded window blinds. <p>This was in breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>