

Ash Grove Medical Centre

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 to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Ash Grove Medical Centre between 4 and 20 April 2022. Overall, the practice is rated as requires improvement with the following key question ratings:

- Safe - requires improvement
- Effective – requires improvement
- Caring - good
- Responsive – requires improvement
- Well-led – requires improvement

Following our previous inspection on 3 March 2020, the practice was rated as good overall and for all key questions, except for the responsive key question which was rated as requires improvement.

The full reports for previous inspections can be found by selecting the 'all reports' link for Ash Grove Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection. We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in West Yorkshire. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system-wide feedback.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Circulating an electronic staff questionnaire

Our findings

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.

Overall summary

We have rated this practice as requires improvement overall.

We found that:

- Staff treated patients with kindness and compassion, and respected patients' privacy and dignity.
- Staff helped patients to be involved in decisions about care and treatment.
- Appropriate standards of cleanliness and hygiene were met.
- There were adequate systems to assess, monitor and manage risks to patient safety.
- There was evidence of systems and processes for learning, continuous improvement and innovation.

We found two breaches of regulations. The provider **must**:

- Ensure 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.

Although not a breach of regulations, the provider **should**:

- Take steps to store emergency medicines and equipment to ensure they are easily accessible in the event of an emergency.
- Improve processes to record and share any learnings identified from a complaint or incident investigation.
- Issue patients with a steroid card where required.
- Improve the uptake of cervical cancer screening.
- Improve processes for the recording of patient consent and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.
- Improve access to appointments so all patients are able to access care and treatment in a timely manner.
- Improve processes to ensure all staff are able to raise concerns.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location, and a second CQC inspector who undertook a site visit.

Background to Ash Grove Medical Centre

Ash Grove Medical Centre is located in Knottingley, West Yorkshire at:

- England Lane, Knottingley, West Yorkshire, WF11 0JA

The provider is registered with CQC to deliver the Regulated Activities of maternity and midwifery services; family planning services; treatment of disease, disorder or injury; surgical procedures; and diagnostic and screening procedures.

The practice offers services from both its main practice location and a branch practice located at:

- Whitley Bridge Surgery, 87 Selby Road, Eggborough, DN14 0LJ

At the time of our inspection, the branch practice was closed due to undergoing significant renovation and building works.

The practice is situated within the NHS Wakefield Clinical Commissioning Group (CCG) and delivers personal medical services (PMS) to a patient population of about 12,100. This is part of a contract held with NHS England.

The practice is one of four practices within the Wakefield Health Alliance Central Practices primary care network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 97.7% White, 0.9% Asian, 0.9% Mixed, 0.3% Black and 0.1% Other.

The age distribution of the practice population largely mirrors the local and national averages; however, there are fewer working age people and more younger people and older people registered at the practice.

There is a team of five GPs who provide cover. The practice has a team of five nurses and nurse practitioners who provide nurse-led clinics for long-term conditions. The GPs are supported at the practice by a team of reception and administration staff. The practice manager provides managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally by GP Care Wakefield, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111 and Local Care Direct Limited.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: • The practice's governance and management systems did not always operate effectively to ensure all risks that affected staff and patients were adequately addressed and mitigated. • There was not always appropriate oversight and management of the practice triage list, which meant patients were not always able to access care and treatment in a timely way. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Family planning services Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: • Not all staff had completed all required statutory and mandatory training appropriate for their role, including all required safeguarding and resuscitation training. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

Requirement notices

- The monitoring and oversight of medicine fridge temperatures was not effective.
- Not all patients who were prescribed high risk medicines or received treatment for long-term conditions had all appropriate monitoring and/or appropriate clinical review of their treatment.

There was additional evidence that safe care and treatment was not being provided. In particular:

- Results and follow-up appointments were not always monitored and acted upon in a timely manner.
- The oversight, storage, management and reconciliation of blank prescriptions was not effective.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.