

Ashville Surgery

Quality Report

171 Upper Chorlton Road, Whalley Range,
Manchester. M16 9RT
Tel: 0161 8602772
Website: www.ashvillesurgerymanchester.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 Ashville Surgery on 14 January 2016. The overall rating for the practice was good, with a requires improvement rating for the key question of safe and we issued a requirement notice for breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Ashville Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 26 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches identified in the requirement notice.

Overall the practice is now rated as good, with the previous rating of requires improvement for the key question of safe updated to a rating of good.

Our key findings were as follows:

- The practice was able to demonstrate that they had considered risks and identified mitigating actions in a number of areas.
- Systems were in place to monitor the use of prescription paper

However, there was an area of practice where the provider should make improvements.

The provider should:

- Consider current guidance from the Resuscitation Council (UK) as part of their risk assessment and rationale for no defibrillator on site.

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?

At our previous inspection on 14 January 2016, we rated the practice as requires improvement for providing safe services as the practice had not ensured risks were assessed and mitigating actions implemented in a number of areas and there was no system to monitor the use of prescription paper.

These arrangements had improved when we undertook a desk top review in November 2017. The practice is now rated as good for providing safe services.

- The practice was able to demonstrate that they had considered the risks relating to the health and safety of staff and patients. An outside business support service was now used by the practice to review and develop further the practice's health and safety policies and risk assessments. We saw examples that the risks of lone working and transporting blood samples had been documented and mitigating actions were implemented. The practice had considered the risk of no defibrillator on the premises in April 2017. They had ensured staff had been trained to provide basic life support and they informed us they were looking into funding for a defibrillator.

Measures had been introduced to allow the safe storage and monitoring of blank prescriptions.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Consider current guidance from the Resuscitation Council (UK) as part of their risk assessment and rationale for no defibrillator on site.

Ashville Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A desk based review of evidence submitted by the provider was carried out by a CQC lead inspector.

Background to Ashville Surgery

Ashville Surgery is based in Chorlton, Manchester and is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has 9397 patients. The area has a diverse ethnicity of patients and the practice provides service under a General Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 79.4 years for males and 83.1 years for females. The numbers of patients in the different age groups on the GP practice register were generally similar to the average GP practice in England.

The service is provided by three GP partners and five salaried GPs. The practice also employs a practice manager, three nursing staff (including a healthcare assistant and two nurses) as well as a number of reception /administrative staff who also cover other duties such as dealing with samples and drafting prescriptions. The practice also works with specialist trainees and medical students. The practice is based in an older building with ramp access to the lower ground floor only for people with mobility problems. There is plenty of parking including a

specific parking bay for people with disabilities. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors.

The practice is open Mondays, Wednesdays and Fridays from 8am to 6:30pm, Tuesdays and Thursdays from 8am to 8pm. In addition to pre-bookable appointments that can be booked up to three months in advance, urgent appointments are also available for people that need them such as young children or the elderly. Out of hours cover is provided by the NHS 111 service. Online appointments and telephone consultation services are also available.

Why we carried out this inspection

We undertook a comprehensive inspection of Ashville Surgery on 14 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with a rating of requires improvement for the key question of safe. We issued the provider with a requirement notice for breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). The full comprehensive report following the inspection on 14 January 2016 can be found by selecting the 'all reports' link for Ashville Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Ashville Surgery Practice on 26 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice had addressed the concerns identified in the requirement notices.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Ashville Surgery on 26 November 2017. This involved reviewing evidence that was submitted by the practice.

Are services safe?

Our findings

At our previous inspection on 14 January 2016, we rated the practice as requires improvement for providing safe services as the practice had not ensured risks were assessed and mitigating actions implemented in a number of areas and there was no system to monitor the use of prescription paper..

These arrangements had improved when we undertook a desk top review in November 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

In January 2016 we found that there was no system to monitor the use of prescription paper.

- The practice sent us their 'security of prescriptions policy and procedure' which confirmed that measures had been introduced to allow the safe storage and monitoring of blank prescriptions.

Monitoring risks to patients

In January 2016 we found the practice had not ensured risks were assessed and mitigating actions implemented in a number of areas

- For our desk based review, the practice provided evidence they had considered the risks relating to the health and safety of staff and patients. An outside business support service was now used by the practice to review and develop further the practice's health and safety policies and risk assessments. We saw examples that the risks of lone working and transporting blood samples had been documented and mitigating actions were implemented. The practice had considered the risk of having no defibrillator on the premises in April 2017. They had ensured staff had been trained to provide basic life support but informed us they were looking into funding a defibrillator for the practice