

# Ashton Medical Group

## Inspection report

GP Surgery  
Glebe Street  
Ashton Under Lyne  
Lancashire  
OL6 6HD  
Tel: 01613309880  
[www.ashtonmedicalgroup.co.uk/Home](http://www.ashtonmedicalgroup.co.uk/Home)

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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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions: are services effective, responsive and well-led

Because of the assurance received from our review of information we carried forward the ratings for the following key questions from the previous inspection: are services safe and caring.

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 and requires improvement for people with long term conditions and people experiencing poor mental health.**

We found that:

- Patients in the main received effective care and treatment that met their needs. However, the recall system was ad-hoc and not all patients had had an annual review in line with good practice.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Improvements had been made to the way patients could access care and treatment.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The way the practice was led, and managers promoted the delivery of person-centre care.

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

- There was limited monitoring of the outcomes for patients with long term conditions.
- Quality Outcomes Framework data was significantly below local and national averages for patients with long term conditions.

We rated the practice as good for responsive services because:

- The practice organised and delivered services to meet patients' needs. There was a diverse skill mix of clinical staff to respond to patient's needs, including those patients who required care at home.
- In partnership with Community Wellbeing Tameside and Glossop the practice has recruited a team of 13 volunteer patient champions. The patient champions are able to offer waiting room support by directing patients to the right location and helping them to check in. They have also set up a monthly walking group, for patients of all abilities.

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

- The practice processes for managing risks, issues and performance, were unclear and inconsistent.

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:

- Review safety net arrangements for reviewing results received whilst a GP is away from the practice.
- Review data for childhood immunisations and look to implement systems to achieve targets.
- Ensure there is a record of GPs completing level three safeguarding training and a record of DBS checks having taken place where required.
- Continue to monitor improvements made to the telephone and appointment system.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGPChief

Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP and a practice nurse specialist adviser. The inspection was observed by an inspection manager.

## Background to Ashton Medical Group

Ashton Medical Group is the registered provider and provides primary care services to its registered list of 19500 patients. This practice was formally Bedford House Medical Centre. In April 2018 the practice formally merged with two other practices (Tame Valley Medical Centre and Chapel street) to become Ashton medical Group providing care to approximately 19500 patients.

The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Tameside and Glossop Clinical Commissioning Group (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice offers direct enhanced services that include meningitis provision, the childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery and rotavirus and shingles immunisation.

Regulated activities (Family planning, Diagnostic and screening procedures, Treatment of disease, disorder or injury, Surgical procedures and Maternity and midwifery services) are delivered to the patient population from the following address:

Glebe Street Ashton Under Lyne Lancashire OL6 6HD.

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered: <https://ashtonmedicalgroup.co.uk/Home>

At the time of our inspection a new management team had been established with a new practice manager appointed in September 2019.

The practice consisted of, six GP partners, five salaried and one locum GP (male and female). The clinical team also included a pharmacist, an advanced nurse practitioner (female), a paramedic (male) five practice nurses (female) an assistant practitioner/patient champion (female), health care assistants and phlebotomists. The management team now consisted of practice manager, estates/operations manager, reception manager, administration manager and accounts manager. They are supported by receptionists, administrators and secretaries.

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located in the third most deprived decile (from a possible range of between 1 and 10). In general, people living in

more deprived areas tend to have greater need for health services. The practice has a higher than average older population with 21% aged 65 years and over (England 17%).

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br><b>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</b><br><br><b>In particular we found:</b> <ul style="list-style-type: none"><li>• There was limited monitoring of the outcomes for patients with long term conditions or patients experiencing poor mental health.</li><li>• Cervical screening and childhood immunisation data was below target.</li></ul> |