

# Ashfield House - Annesley Woodhouse

## Quality 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 service

Good 

Are services safe?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Ashfield House on 17 November 2017. This inspection was to confirm that the practice had carried out their plan to make the improvements required identified in our previous inspection on 6 April 2017. This report covers our findings in relation to those requirements and any additional improvements made since our last inspection.

We carried out an announced inspection in March 2015 and the practice was rated as requires improvement. The practice was required to make improvements within six months as the safe domain had been rated inadequate. At the October 2015 inspection, the practice had made the required improvements to the safe domain. The October 2015 inspection found breaches of legal requirements relating to responsive and well-led domains and the practice was required to make improvements.

An announced comprehensive inspection was carried out on 6 April 2017 to confirm the practice had met the legal requirements in relation to the breaches in regulations identified in the October 2015 inspection. As a result, a requirement notice was issued for Regulation 17 HSCA Good governance as safe and well-led required improvement. This inspection is to follow up on the requirement notice.

The full comprehensive reports on the March 2015, October 2015 and April 2017 inspections can be found by selecting the 'all reports' link for Ashfield House-Annesley Woodhouse on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had updated their incident reporting and significant events policy to include non-clinical incidents with specific examples and definitions. Staff understood what types of incidents needed to be reported and how to do this.
- The cold chain policy had been reviewed and digital data loggers had been purchased and installed on all fridges as the second thermometer. We saw fridge temperatures were recorded daily and the data loggers were downloaded weekly.
- Patient safety alerts were reviewed actioned by the clinical pharmacist. Alerts relevant to the practice were discussed at the practice meeting and were a standard agenda item.
- Medication audits were carried out by the clinical pharmacist to check prescribing compliance and to monitor improvements to patient outcomes.
- Staff who had not received an appraisal in the last year were prioritised and completed an appraisal within four weeks.

# Summary of findings

- Prescription security was reviewed and strengthened. Blank prescription forms and printing paper scripts were stored in a locked room with key code security.
- Clinical audits were carried out based on NICE guidance and were discussed at practice meetings.
- The practice updated their complaints policy to include information on how to act upon the receipt of a verbal complaint. We looked at two complaints received in the last six months, one of which had been discussed at the practice meeting. We were unable to see evidence of complaint investigation within the records we examined. Complaints responses contained an apology, were concise and contained learning actions. They did not contain information on how to complain to the Parliamentary and Health Service Ombudsman, in line with the complaints policy.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure significant events are recorded using all available information and that the lessons learnt, actions required and by who are completed on the practice form.
- Ensure complaints are dealt with in line with the practice policy which states complaints are dealt with promptly, efficiently and courteously and are discussed and documented at the practice meetings. All responses should include information on how to complain to the Parliamentary and Health Service Ombudsman.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</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>Good</b> 

# Ashfield House - Annesley Woodhouse

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a CQC lead inspector, a second CQC inspector and a GP specialist advisor.

## Background to Ashfield House - Annesley Woodhouse

- Ashfield House provides primary medical services to approximately 6000 patients in Kirkby-in-Ashfield. The practice operates from a single location at 194 Forest Road, Kirkby-in-Ashfield, Nottingham NG17 9JB.
- The practice opens between 8:30am and 6.30pm Monday to Friday with appointments available between these times. The phone lines are open from 8am to 6.30pm. An extended hours service is offered on a Tuesday and Friday morning from 7am to 8am for patients who are not able to attend during regular opening hours. Additional pre-bookable appointments are available for patients Monday to Friday from 6.30pm to 8pm and Saturday 9am to 12pm. This service is offered in collaboration with eight local practices.
- The practice has opted out of providing out of hours services to their own patients and there is information available on the website and the practice answerphone which directs patients to the out of hours service.

- Services provided include minor surgery, family planning and midwifery, health promotion and screening and a range of clinics for long-term conditions. The practice holds a General Medical Services contract to deliver essential primary care services.
- The practice currently has a team which includes two male GP partners, advanced nurse practitioners, practice nurse, healthcare assistants, practice manager, assistant practice manager and reception, administrative staff and cleaners.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a follow up to our previous comprehensive inspections at the practice in March 2015, October 2015 and April 2017 where breaches of regulation had been identified.

# Are services safe?

## Our findings

**At our previous inspection on 6 April 2017, we rated the practice as requires improvement for providing safe services as some of the arrangements in respect of managing and recording incidents, cold chain storage and prescription safety were not adequate.**

**We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 November 2017. The practice is now rated as good for being safe.**

### Safety systems and processes

- Prescription security had been reviewed and the policy strengthened. Blank prescription forms and printing paper scripts were stored in a locked room with key code security. Manual prescriptions were logged and could be tracked through the practice. Printer scripts were removed from the printer at the end of the day and were locked away overnight.
- The practice cold chain policy had been revised and there was a new process in place for checking fridge temperatures. Digital data loggers had been installed on all fridges as the second thermometer. We saw evidence fridge temperatures were recorded daily by the nominated person and data was downloaded weekly from the data loggers. Staff understood what action to take if the fridge temperatures fell outside of the recommended range.

### Risks to patients

- The clinical pharmacist checked patient safety alerts by searching the patient records to determine if medication should be reviewed or further action taken. We saw alerts relevant to the practice, were discussed by the clinical team and documented at the monthly practice meeting.

### Track record on safety

- The practice had updated the incident reporting and significant events policy. Staff understood what types of incidents needed to be reported and how to do this. Specific examples and definitions had been added to the policy to make it easier to follow. Serious incidents had been added to the practice meeting agenda as a standing item and we saw evidence of discussions taking place. However, we saw serious incident forms were not completed fully or as the policy intended. Data was missing from three forms such as the date of the event. Actions were recorded but it was unclear who was responsible and whether they were carried these out. For example, one action noted patients on high dose opioids should be reviewed to check they were aware of the risk. Further enquiry confirmed the review had taken place but the significant event form was not updated and marked as completed.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

**At our previous inspection on 6 April 2017, we rated the practice as requires improvement for providing well-led services as the overarching governance framework was not always effective.**

**We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 November 2017. The practice is now rated as good for being well-led.**

### Leadership capacity and capability

- Practice meetings were held during lunchtimes so not all staff were able to attend but all departments were represented. Meetings for all staff were held less frequently when the practice was closed and staff were able to add agenda items for issues they wished to discuss. Minutes of the meetings were circulated and added to the shared drive for all staff to view.

### Vision and strategy

- The practice had a draft locality business plan in conjunction with seven other local practices which set out arrangements for collaborative working. The practice manager told us the practice business plan was being reviewed and would be completed next year.

### Governance arrangements

- Audits were carried out by the appropriate staff member and audit examples we looked at included sepsis, management of childhood asthma and Clopidogrel. We saw evidence audits were considered and completed to improve patient outcomes and to drive quality improvement. Audit actions were well documented and we saw evidence patients were asked for consent to change treatment if this was recommended. The practice had added audits to the practice meeting agenda to ensure these were discussed regularly with relevant staff.
- Policies including the incident reporting and significant events policy had been updated following recommendations from the last inspection. Significant events, safety alerts, audits and complaints had been added to the practice meeting agenda. However, we found evidence that the policy was not always adhered to. For example all sections of the significant event forms were not completed fully.

### Managing risks, issues and performance

- We saw staff who had not received an appraisal within policy guidelines were prioritised and completed the appraisal process within an agreed timescale.