

Drs Joseph Borg-Costanzi/Ian Gilani/Brian Rhodes

Inspection report

Monton Medical Centre
Canal Side, Monton Green, Eccles
Manchester
M30 8AR
Tel: 08448151147

Date of inspection visit: 26 April 2022
Date of publication: 15/06/2022

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Drs Joseph Borg-Costanzi/Ian Gilani/Brian Rhodes also known as Monton Medical Centre on 26 April 2022. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive – Requires Improvement

Well-led - Inadequate

Following our previous inspection on 7 April 2016 the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Drs Joseph Borg-Costanzi/Ian Gilani/Brian Rhodes on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection of all five key questions due to ongoing monitoring of potential risk.

How we carried out the inspection/review

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:

- 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 site visit

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 **Inadequate overall**

Following this inspection, we have rated the practice **inadequate** for providing safe services. We identified the following areas of concern:

- Recruitment checks were not carried out in accordance with regulations.
- Evidence of staff vaccination was not maintained in line with current Public Health England (PHE) guidance.
- There was no system for summarising of new patient notes.
- The practice did not have a system to monitor and record use of prescription stationery.
- Staff using Patient Specific Directions (PSDs) did not have the appropriate authorisations to administer medicines.
- There was no effective system for recording and acting on significant events.
- There was no effective process for managing Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.

Following this inspection, we have rated the practice **requires improvement** for providing effective services. We identified the following areas of concern:

- The practice did not have a programme of learning and development.
- There was limited monitoring of the outcomes of care and treatment.

We rated the provider as **good** for providing caring services.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Following this inspection, we have rated the practice **requires improvement** for providing responsive services. We identified the following areas of concern:

- People were not always able to access care and treatment in a timely way.
- Complaints were not investigated and there was no evidence that necessary and proportionate action was taken, or learning had taken place or used to improve the quality of care.

Following this inspection, we have rated the practice **inadequate** for providing well-led services. Concerns included:

- There was not always effective leadership at all levels, for this reason, the practice had plans to recruit to leadership positions.
- The practice had a clear vision and strategy to provide high quality sustainable care, but it was not clear how this was monitored.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always have systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic.
- The practice did not always act on appropriate and accurate information.
- The practice did not involve the public and external partners to sustain high quality and sustainable care.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.

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

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation. Ensure that there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
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We also found that the provider **should**:

- Consider carrying out its own patient survey/patient feedback exercises.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 undertook a site visit accompanied by a second CQC inspector. The team included a GP specialist advisor who spoke with staff and completed clinical searches and records reviews on site.

Background to Drs Joseph Borg-Costanzi/Ian Gilani/Brian Rhodes

Monton Medical Centre is located in Salford at:

Monton Medical Centre

Canal Side,

Monton Green,

Eccles

Manchester

M30 8AR

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

The practice is situated within the Salford Clinical Commissioning Group (CCG) and delivers Personal Medical Services (**PMS**) to a patient population of about 9560. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Eccles and Irlam 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 92% White, 3.6% Asian, 1.8% Mixed, 1.3% Black, and 1.3% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of four GPs and one advanced nurse practitioner who provide cover at the practice. The practice has a team of two nurses who provide nurse led clinics for long-term condition. The practice had two health care assistants who provide specific clinical procedures, such as blood pressure and new patient checks. The GPs are supported at the practice by a team of reception/administration staff. The practice did not have a practice manager at the time of inspection, they had a management consultant who was supporting the practice.

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 face-to-face appointment.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The registered person had failed to ensure that complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The practice supplied us with a complaints' summary prior to our inspection. This stated that there had been 19 complaints made in the previous 12 months. However, we examined complaints held electronically and these had not always been included on the practice summary. It was therefore difficult to ascertain how many complaints had been made in the previous 12 months.• We saw the electronic complaints tracker used by the practice. There were 18 complaints on the spreadsheet none had clear actions, learning identified or time scales for review.• We looked at the records of seven written complaints in detail. We found that all had information missing that made it difficult to assess time scales and investigation quality. <p>This was in breach of Regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Requirement notices

Treatment of disease, disorder or injury

The provider had failed to establish systems and processes that operated effectively to demonstrate good governance. In particular:

- The practice supplied us with their complaint's procedure. This was not dated and had not been personalised to the practice. There were some gaps in the procedure and not all the information had been considered.
- The service had a limited quality improvement programme.
- Staff could not access in a timely manner policies and procedures on the shared drive.
- The fire risk assessment action plan did not have evidence that it had been actioned or reviewed.
- There was no system to check training had been completed.
- Staff told us they had completed safeguarding training. There was no evidence that this training had been completed.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

- We examined 11 personnel records for administration staff, eight did not contain evidence that staff had access to appraisals or one to one meetings.
- We examined two clinical personnel records, both did not contain evidence that staff had access to appraisals or one to one meetings.
- There was no system to check training had been completed.

Requirement notices

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:

- There was only a DBS check for one new starter out of four reviewed and there was no evidence of a risk assessment as to why a DBS was not required.
- We saw the file of a nurse who had started work the day prior to our inspection. There was no employment history held. There was no evidence of identity. There was no evidence of immunisations or immunity held.
- Another member of clinical staff had started work during the month of the inspection. There was no evidence of identity held, no employment history, no references and no record of immunisations.
- The management consultant had an electronic personnel file, but it was empty with no recruitment documentation held.
- We looked at the files for two clinical members of staff. Neither had evidence of identity or a professional registration check.

This was in breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• There were 103 new patient notes that needed to be summarised, there was no plan of how this would be actioned.• There was no system in place to monitor and record use of prescription stationery.• There was no formal process the practice used to receive and process safety alerts effectively.• Patient specific directions (PSDs) were not appropriately authorised.• 13 patients were prescribed omeprazole and clopidogrel together. We reviewed five patients' records, there was no evidence that the patients had been informed of the risks in three out of five records.• There were 860 patients prescribed ACE inhibitor or angiotensin II receptor blocker treatment. We reviewed five patient records. All five had not had the required monitoring.• We examined eight significant events. There was no evidence that any had been investigated, discussed or had any learning actions. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>