

# Mauldeth Medical Centre

## Inspection report

112 Mauldeth Road  
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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

Good 

Are services effective?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection April 2017 – Good)

We carried out an announced comprehensive inspection at Mauldeth Medical Centre on 10 April 2017. The overall rating for the practice was good with key question Effective rated as requires improvement. At that inspection we found improvements were needed as the practice had failed to implement a safe system of patient recall for those prescribed high risk medicines and systems to monitor the effectiveness of clinical audit and other quality improvements to improve patient care were not in place. We issued two requirement notices in respect of Safe care and treatment and Good governance; regulations 12 and 17 HSCA (RA) Regulations 2014. We identified one other area the practice should develop and this was to identify patients who were carers so services could be offered to meet their needs.

The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for Mauldeth Medical Centre on our website at

This inspection was a focused visit to the practice on 25 April 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 April 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

This focused inspection visit identified improvements had been made in service delivery for key question Effective and this is now rated good.

Our key findings were as follows:

- At our previous inspection in April 2017 we found systems to monitor patients with chronic long term health conditions or monitor those patients prescribed

high risk medicines were not effectively established. At this inspection there was clear evidence available to demonstrate the practice had reviewed its systems and had implemented action to ensure continuous ongoing monitoring of patients with a long term condition and those prescribed high risk medicines.

- The previous inspection identified that clinical audit was not linked to patient outcomes. At this inspection visit we reviewed a number of audits including those for high risk medicine, asthma control and one for end of life. These audits demonstrated the practice linked the quality improvement work with patient outcomes.
- At the inspection in April 2017 we identified that some patients' electronic records had not been correctly coded. Following that inspection the practice undertook a data cleansing exercise of the patient electronic system and one GP partner undertook the lead role for monitoring the patient electronic system to ensure it was accurate.
- The previous inspection identified that some performance indicators for diabetes and cervical cytology were below the local and national averages. The practice was implementing action to address these issues including providing additional training for one practice nurse to develop their expertise in the management of diabetes and one practice nurse had been trained in cervical cytology.

The areas where the provider **should** make improvements are

- Continue to implement action to improve the practice performance in the management of patients with diabetes and cervical cytology.
- Continue to promote the practice carers' register and encourage patients to identify themselves as carers.

## Our inspection team

A CQC lead inspector visited the practice

## Background to Mauldeth Medical Centre

Mauldeth Medical Practice is located at 112 Mauldeth Road, Fallowfield, Manchester, M14 6SQ. The practice is part of the NHS Manchester Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services contract with NHS England and has 6412 patients on its register. The practice operates a branch surgery at Owens Park, a hall of residence (part of the University of Manchester) located at 295 Wilmslow Road, Fallowfield, Manchester, M14 6HD. The branch surgery provides GP services for students living on the Owens Park university campus. More information about the practice is available on its website address:

The main practice location is located in a shopping street with limited parking available to the front of the building and a large car park off a side street opposite the practice. Consulting rooms are located on the ground and first floor of the practice.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has a large percentage of patients (approximately 62% or 4000) who are university students and fall within the age group of 18-25 years of age. The practice does experience seasonal fluctuations reflecting the movements of the student population. For example the number of registered patients dips by 400 or 500 in the summer months increasing by up to 1000 new patients in September.

There is a lower percentage of patients who are older over the age of 65 years (5%) compared with the local

average of 10% and national average of 17%. The number of children on the practice register is also lower than average with 1.5% aged under four years compared locally with 7% and nationally 6%.

The practice has 40% of its population with a long-standing health condition, which is lower than the CCG and the England average of 53%. Working status including paid work or fulltime education reflects the high number of students on the patient register at 84% compared locally with 63% and nationally 62%

The staff team includes two GP partners, both male, two practice nurses, and supporting administrative staff which includes a practice manager, an administrator and four receptionists.

The practice is open at the main location Monday and Tuesday from 8.30am to 8.00pm and from 8.30am to 6.00pm on Wednesday, Thursday and Friday. At the Owens Park branch location the practice is open from 9.30am until 6.00pm except for Wednesdays when the practice closes at 5.00pm. A practice nurse is available each weekday at the Owens Park branch surgery between 9.30am and 12.30pm and GP appointments are available each afternoon for one hour.

Patients can book appointments in person, on-line or by telephone. The practice provides telephone consultations, pre-bookable consultations, same day (advanced access) appointments and home visits to patients who are housebound or too ill to attend the practice. Information is available on the practice website about who patients should contact when the practice is closed.

# Are services effective?

## We rated the practice and all of the population groups as good for providing an effective service.

At our previous inspection on 10 April 2017, we rated the practice as requires improvement for providing effective services as we found a system of monitoring patients and a patient recall process for those prescribed high risk medicines was not in place. Also systems to monitor the effectiveness of clinical audit and other quality improvements to improve patient care were not implemented effectively. We also identified one other area for further improvement and this was to identify patients who were carers so services could be offered to meet their needs.

These arrangements had improved when we undertook a focused inspection on 25 April 2018.

The practice is now rated as good for providing effective services.

### Monitoring care and treatment

Since our previous inspection in April 2017 the practice had taken action to improve its programme of quality improvement activity and this was reviewed regularly to ensure appropriate and effective care was provided.

- At the last inspection we found there was not an effective system in place to monitor patients with chronic long term health conditions or monitor those patients prescribed high risk medicines. At this inspection there was clear evidence available to demonstrate the practice had reviewed its systems and had implemented action to ensure continuous on-going monitoring of patients with a long term condition or those prescribed high risk medicines. For example:
- The practice had recorded registers of patients for each long term condition and implemented a system of monthly checks to ensure patients were called in for their required health care review. The practice sent out up to three letters to patients requesting they make an appointment for their review and the practice nurse also contacted patients as required by telephone. Written records we viewed showed details of appointments made by patients and those who required additional contact to make appointments. The practice had a Call and Recall policy in place which was reviewed annually.
- A High Risk Medicine Protocol and a Drug Monitoring Record sheet was in place for those patients prescribed

medicines considered high risk due to the severity of potential side effects. This identified the range of medicines that required patients to undergo additional health checks such as regular blood tests. Monitoring records were available for patients prescribed a range of different high risk medicines including DMARDs (disease modifying anti-rheumatic drugs), lithium prescribed to some patients with mental health conditions, medicines prescribed to patients with chronic kidney disease and those prescribed blood-thinning medicine. Quarterly audits were undertaken to demonstrate how effective the practice was in implementing and ensuring patients received the correct level of health care checks and review.

- The previous inspection identified that clinical audit was not linked to patient outcomes. We reviewed a number of audits including the high risk medicine audits, audits for asthma control and end of life audit including death in the preferred place of care. These audits demonstrated the practice linked the quality improvement work with patient outcomes. For example, a re-audit of asthma patients identified that those who attended for a follow-up review all had improved peak flow rates. (Peak flow measurement is a test to measure air flowing in and out of the lungs).
- A coding/summarising policy was available, which detailed how staff should input/update electronic patient information in the form of a Read code. (A Read code is the letter and number code that uniquely identifies the patient's health care condition). At the inspection in April 2017 we identified that some patients' electronic records had not been correctly coded. Following that inspection the practice undertook a data cleansing exercise of the patient electronic system and one GP partner undertook the lead role for monitoring the patient electronic system to ensure it was accurate. The GP partner also provided a staff training day and team meeting minutes demonstrated that Read coding was discussed with the whole team.
- The previous inspection identified that some performance indicators (diabetes and cervical cytology) for the Quality and Outcomes Framework (QOF) were below the local and national averages. The practice was implementing action to address these issues including providing additional training for one practice nurse to develop their expertise in the management of diabetes

## Are services effective?

and one practice nurse had been trained in cervical cytology. The practice implemented their policy of sending out recall letters and telephone calls for people who did not attend. The practice recognised this was an area requiring continuous improvement.

- The practice had since the previous inspection designated a member of staff as the Carers' Champion

who encouraged and signposted patients to the relevant support agencies. A Carers policy was available and a Carers toolkit. The practice had seven patients on their carers' register. The practice manager confirmed they continued with efforts to increase their patient register of carers.