

# Manchester Road Surgery

## Quality Report

Manchester Road Surgery  
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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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manchester Road Surgery on 10 May 2017. The overall rating for the practice was inadequate, and we issued warning notices for breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment) and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good

Governance). Two requirement notices were also issued for breaches identified of Regulations 13 (Safeguarding service users from abuse and improper treatment) and 16 (Receiving and acting on complaints). The full comprehensive report following the inspection in May 2017 can be found on our website here: <http://www.cqc.org.uk/location/1-550124196/reports>.

# Summary of findings

This inspection was an announced focused inspection carried out on 10 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches identified within the warning notices for regulations 12 and 17.

Our key findings were as follows:

- Improvements had been made to the management of risks to both patients and staff.
- A systematic approach had been implemented to ensure that patient's medicine reviews were completed in a timely manner.
- Patients prescribed high risk medicine were proactively monitored to ensure all information required by the GPs was available to ensure safe prescribing.
- A system of delegated responsibility was in place to ensure vaccine fridge temperatures were monitored appropriately in the practice nurse's absence.
- An action plan had been produced following an infection prevention and control audit and the practice were in the process of addressing risks identified.

- Safeguarding registers had been set up on the electronic patient record system in order to provide managerial oversight of vulnerable patients.
- A system was in place to proactively monitor patients referred to secondary care using urgent referral pathways and ensure they were offered an appointment in an appropriate timescale.
- The practice was in the process of inviting patients with dementia for an appointment to agree care plans.
- Staff were aware of translation services available to patients whose first language was not English.

At our previous inspection on 10 May 2017, we rated the practice as inadequate and placed the service into special measures. As per our published inspection methodology, a further full comprehensive inspection visit will be carried out shortly in order to monitor the work the practice has begun to implement around the required improvements to the service.

**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 10 May 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of assessing risks to the health of patients receiving care and treatment and activity to mitigate these risks were not adequate.

The practice was able to demonstrate that improvements had been made to meet the requirements of the warning notice for Regulation 12 when we undertook a follow up inspection on 10 October 2017.

- Systems had been implemented to more effectively monitor and recall patients for their medicine reviews and associated healthcare checks.
- Patients prescribed high risk medicines were proactively monitored to ensure their medication dosage remained safe and effective.
- A number of safeguarding registers had been set up and further work was ongoing to refine these and ensure they were effectively utilised.
- An up to date infection prevention and control audit had been completed and associated action plan produced. The practice was able to demonstrate how it was working through the action plan to address issues identified.
- Vaccine fridge temperature records were up to date and completed appropriately.
- Risks to patients and staff were more effectively managed.

### Are services caring?

At our previous inspection on 10 May 2017, we rated the practice as requires improvement for providing caring services as the practice was not ensuring that care plans were in place for vulnerable patient groups such as those with dementia.

We found that work was underway and ongoing to address this when we undertook a follow up inspection on 10 October 2017.

- The practice had identified 13 patients with dementia who would benefit from a care plan being in place. A care plan template had been devised and the practice was beginning to invite these patients in for an appointment so that the plans could be agreed and put in place.

### Are services responsive to people's needs?

At our previous inspection on 10 May 2017, we rated the practice as requires improvement for providing responsive services. The

# Summary of findings

warning notice for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) cited evidence of the practice's lack of clarity around translation services offered as contributing to this.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017.

- A notice in the waiting area advised patients of the availability of translation services should patients need them. Staff were aware of the telephone translation service with which the practice held an account and knew to book patients requiring a translator into a double appointment with the clinician to ensure they had sufficient time.

## Are services well-led?

At our previous inspection on 10 May 2017, we rated the practice as inadequate for providing well-led services as significant shortfalls in the governance structure were resulting in gaps in the safe management of the service.

The practice was able to demonstrate that improvements had been made to meet the requirements of the warning notice for Regulation 17 when we undertook a follow up inspection on 10 October 2017

- Practice policy documents such as the safeguarding and complaints policies had been updated to ensure they were specific to the organisation.
- Systems and processes had been improved to ensure comprehensive monitoring of the safe delivery of care and treatment. For example, monthly searches were run for patients prescribed high risk medications so that appropriate appointments could be booked for associated healthchecks required to ensure the dosage was correct.

# Manchester Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The practice was visited by a CQC inspector.

## Background to Manchester Road Surgery

Manchester Road Surgery, 187-189 Manchester Road, Burnley, BB11 4HP is part of the NHS East Lancashire Clinical Commissioning Group (CCG) and has approximately 4735 patients. The practice provides services under a General Medical Services contract, with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as level two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The numbers of patients in the different age groups on the GP practice register are generally similar to the average GP practice in England. The practice has 61% of its population with a long-standing health condition, which is higher than the local average of 56% and the England average of 53%. In addition, 14% of the practice population are unemployed compared to the CCG average of 5% and the England average of 4%.

The GP practice provides services to patients from a double fronted Victorian property that was originally two separate buildings. There is ramped access available both at the front and rear of the building, although automated opening

of doors is not available upon entering the surgery. The practice has two GP consulting rooms and four treatment rooms, which are used by the practice nurse, the two health care assistants and the midwife who attends weekly.

The surgery is open Monday to Friday between 8am and 6.30pm with extensions on Tuesday evenings (open until 7.45pm) and Thursday mornings (open from 6.45am) for pre-bookable appointments. The practice provides a range of on the day, urgent and prebookable routine appointments and there is provision for children to be seen the same day. The practice provides online patient access that allows patients to book appointments and order prescriptions.

The service is led by two GP partners (one male, one female) both of whom provide nine GP consultation sessions each week. They are supported by a practice manager, a full time practice nurse who is also a non medical prescriber, two part time health care assistants as well as an administration team including a deputy practice manager, secretary and reception staff.

The practice is a training practice for year 4 and year 2 medical students.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

## Why we carried out this inspection

We undertook a comprehensive inspection of Manchester Road Surgery on 10 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate and we issued warning notices for breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment) and Regulation

# Detailed findings

17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). The full comprehensive report following the inspection in May 2017 can be found on our website here: <http://www.cqc.org.uk/location/1-550124196/reports>.

We undertook a follow up focused inspection of Manchester Road Surgery on 10 October 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 concerns identified in the warning notices issued.

## How we carried out this inspection

We carried out a focused inspection of Manchester Road Surgery on 10 October 2017.

During our visit we:

- Spoke with a range of staff, including one of the GP partners, the practice manager, reception and administration staff.
- Reviewed a range of practice documents, policies and procedures.
- Observed practice premises and facilities.

During the visit we focussed on the content of the two warning notices issued following our previous inspection in May 2017:

- The practice's provision of safe care and treatment.
- The governance structures that were in place to support the delivery of safe, effective care.

# Are services safe?

## Our findings

At our previous inspection on 10 May 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of assessing risks to health of patients receiving care and treatment and activity to mitigate these risks were not adequate.

The practice was able to demonstrate improvements with these arrangements when we undertook a follow up inspection on 10 October 2017.

### Overview of safety systems and process

At our inspection in May 2017, we found that the practice lacked a system to collectively view patients with a safeguarding plan in place or those assessed as at risk from abuse. The practice had not implemented a system to code adult patients who may be at risk. At our October 2017 inspection the practice was able to demonstrate steps had been taken to begin to address this. Safeguarding registers had been set up on the electronic patient record system. We saw that nine patients had been identified on the child protection register and 17 vulnerable adults had been coded. A number of other registers had also been created on the record system, and practice staff told us that ongoing work was planned to further refine the coding system in order to streamline the managerial oversight of these patients. The Clinical Commissioning Group's safeguarding lead was due to visit the practice in the near future in order to support practice staff in this work.

The previous inspection in May 2017 had found that while the practice maintained standards of cleanliness and hygiene, a recently completed infection prevention and control (IPC) audit that had identified issues had not resulted in an action plan being produced to provide assurance that the issues were being addressed. In October 2017 we saw that an updated IPC audit had been completed in September 2017 which as with the previous audit identified concerns around the carpeting in the GP consulting rooms. We saw that an action plan had been produced to address the issues identified. The practice was applying to NHS England for funding to replace the flooring in clinical areas, and we saw that as part of this process, the practice had recently engaged in obtaining quotes to ascertain how much the work would cost.

We saw the management of risks had improved since the previous visit. A lone worker risk assessment had been

completed for the cleaner, and we saw evidence that the cleaner and GPs had now completed mandatory training topics such as fire safety and infection prevention and control. Fire marshalls had also been identified and trained for the role, and staff we spoke with were aware of who these were.

At this inspection we also found the arrangements for managing medicines had improved since our previous inspection in May 2017, when we had found significant gaps in the practice's processes around repeat prescribing and management of patients on high risk medication. In October 2017 we saw evidence the practice had implemented a system to ensure that patients received regular and timely healthcare reviews as required depending on the types of medicine they were prescribed.

Since our previous inspection, the practice had completed 442 medication reviews to ensure the medication being prescribed to these patients was appropriate. The practice's electronic patient record system indicated that 90% of patients prescribed four or more medicines had had a medication review undertaken in the previous 12 months, while this figure was 72% for patients on a repeat prescription. We viewed four signed prescriptions awaiting collection and saw that all of these denoted a medication review date appropriately, and reception staff we spoke to demonstrated awareness of their responsibilities in checking whether a patient was due a review when they requested their repeat prescription.

Registers were maintained of patients prescribed high risk medication such as Methotrexate (a medicine used to treat for example cancer and autoimmune diseases) and blood monitoring schedules were in place to ensure their blood tests were carried out at appropriate intervals (necessary to ensure medication dosage is correct). The practice manager monitored these registers on a monthly basis and took responsibility for contacting these patients a month in advance of their blood test being due in order to book an appointment.

We also saw the practice had implemented an improved protocol to ensure patients' who took blood thinning medicines such as Warfarin had their blood results stored appropriately in their patient record.

In October 2017 we specifically reviewed records relating to patients where our May 2017 visit had identified gaps in

# Are services safe?

appropriate reviews being completed. We saw in all cases appropriate action had been undertaken since our previous visit to ensure medication was being prescribed safely.

In May 2017 we had found that the monitoring of the pharmaceutical fridge temperature to ensure optimum temperature ranges were maintained for vaccinations was dependent on the practice nurse availability. In October 2017 we saw that a system of delegated responsibility had been implemented so other staff were aware of the need to, and knew how to complete these checks in the nurse's absence. The fridge temperature records we reviewed on our most recent inspection had been completed appropriately.

At our most recent visit in October 2017 we also saw that the practice had implemented a new system to more

effectively monitor those patients referred using urgent referral pathways, for example for serious conditions such as cancer. These referrals were proactively monitored to ensure that patients received appointments in secondary care within appropriate timescales.

## **Monitoring risks to patients**

In May 2017, our inspection found the risk assessment in place for the safe storage and use of liquid nitrogen required improvement. In October 2017 we saw this risk assessment had been updated by the practice on 5 October 2017, and included acknowledgement of the risk of injury handling this substance could cause, and the mitigating actions in place such as availability of protective equipment and the completion of moving and handling training by staff.

# Are services caring?

## Our findings

At our previous inspection on 10 May 2017, we rated the practice as requires improvement for providing caring services as the practice was not ensuring that care plans were in place for vulnerable patient groups such as those with dementia.

We found that work was underway and ongoing to address this when we undertook a follow up inspection on 10 October 2017.

### **Care planning and involvement in decisions about care and treatment**

The practice had identified 13 patients with dementia who did not reside in care homes who would benefit from a care plan being in place. A template had been devised to document these care plans and the practice had begun to book these patients into 20 minute appointment slots to agree the plans with the patients and their carers. At the time of our visit none of the care plans were yet in place.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 10 May 2017, we rated the practice as requires improvement for providing responsive services. The warning notice for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) cited evidence of the practice's lack of clarity around translation services offered as contributing to this.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017.

### **Responding to and meeting people's needs**

There had been confusion in May 2017 as to whether translation services were utilised by the practice. In October 2017 we saw notices clearly displayed in the waiting area to advise patients of the provision of this facility, and staff we spoke to were aware of how to access the telephone translation service with which the practice held an account. Staff were aware patients requiring a translator should have a double appointment booked with the clinician in order to allow sufficient time.

# Are services well-led?

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

## Our findings

At our previous inspection on 10 May 2017, we rated the practice as inadequate for providing well-led services as significant shortfalls in the governance structure were resulting in gaps in the safe management of the service.

We found arrangements had improved when we undertook a follow up inspection of the service on 10 October 2017.

### Governance arrangements

In May 2017 we found evidence that the practice's governance and monitoring framework was inadequate. We saw that the practice had commenced a significant amount of work to address this when we carried out our focussed follow up inspection in October 2017.

- Policies and procedures that had previously been found to lack specificity to the practice had been updated and amended to reflect practice processes. For example, the practice's safeguarding policies which had previously been generic had been replaced by locally accepted documents and included appropriate contact details should staff need to initiate a safeguarding referral. The practice's complaints policy had also been updated to include details of the nominated complaints manager.
  - Governance arrangements to monitor the safe provision of services had been improved:
- The practice had implemented a number of safeguarding registers on the electronic patient record system and work was ongoing to further refine these in order to maximise their effective use.
  - A systematic approach had been adopted to ensure patients received timely reviews of their medication and that appropriate information was held to ensure correct dosage of medicines was prescribed.
  - A system was now in place to proactively monitor those patients referred to secondary care using urgent referral pathways to ensure they received an appointment in a timely manner.
  - An up to date infection prevention and control audit had been completed, as well as a documented action plan to monitor action being taken to address issues identified. We saw that the practice was working through the action plan, for example sourcing new flooring to replace carpets in clinical areas.
  - A new system of delegation had been implemented so that staff were aware of their responsibilities to monitor and document vaccine fridge temperatures in the practice nurse's absence.
  - Previously identified gaps in staff health and safety training had been addressed.