

Failsworth Group Practice

Inspection report

Failsworth District Centre
Ashton Road West, Failsworth
Manchester
M35 0AD
Tel: 01613571620

Date of inspection visit: 7 May 2021
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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Failsworth Group Practice on 7 May 2021. Overall, the practice is rated as requires improvement, with the following key question ratings:

Safe – requires improvement

Effective – requires improvement

Caring – requires improvement

Responsive – requires improvement

Well-led – inadequate.

The practice was rated good overall following our most recent full comprehensive inspection on 9 October 2016.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Failsworth Group Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a full comprehensive inspection of all key questions following a Transitional Monitoring Approach (TMA) assessment where potential risks had been identified.

How we carried out the inspection

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:

- Conducting staff interviews using video conferencing
- 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

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this practice as **requires improvement** overall and **requires improvement** for all population groups.

We rated the provider **requires improvement** for providing safe services. Clinical staff were not correctly authorised to administer certain medicines. Not all staff had been trained in safeguarding, infection control or sepsis awareness. Not all pre-recruitment checks were carried out. Significant events were not being managed effectively.

We rated the provider **requires improvement** for providing effective services. Training had not been a priority for staff and was not monitored. We found patients with potentially missed diagnoses. Required actions highlighted in staff appraisals were not monitored or followed up.

We rated the provider **requires improvement** for providing caring services. The provider had not effectively actioned concerns about a staff member. There was no information about support groups on the practice website.

We rated the provider **requires improvement** for providing responsive services. The system for managing and responding to complaints was not effective. Patient satisfaction with telephone access was below average.

We rated the provider **inadequate** for providing well-led services. Not all leaders were visible in the practice. Behaviour inconsistent with the practice's vision and values had not been addressed. Staff were unaware of the Freedom to Speak up Guardian. Training was not monitored and several staff had not completed mandatory training. Policies were not being routinely followed and did not always contain the required information. Meeting minutes did not give enough detail for staff to determine what had been discussed. The process for managing test results required improvement.

We found four breaches of regulations. The provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure 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.
- Ensure persons employed by the service provider are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them and have all the information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service will be inspected again within six months of the publication of this report. If the service is rated as inadequate for any key question or any population group at the second inspection, it will be placed in special measures. Special measures 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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team spoke with staff using video conferencing facilities and the telephone, and undertook a site visit. The team included a GP specialist advisor who spoke with the lead GP using video conferencing facilities and completed clinical searches and records reviews without visiting the location. There was also a second CQC inspector who attended the site visit and video conferences, and other CQC inspectors who carried out staff interviews.

Background to Failsworth Group Practice

Failsworth Group Practice is located at:

Failsworth District Centre

Ashton Road West

Failsworth

Manchester

M35 0AD

We visited this address as part of the inspection activity.

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

The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). It delivers commissioned services under a Primary Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. At the time of our inspection there were 12,530 patients registered with the practice.

The provider is registered as a partnership. There are two female GP partners. There are five salaried GPs (three female, two male), a practice nurse and two healthcare assistants. Two focused care workers support patients at the practice. The focused care workers look at the holistic needs of patients and help them access local services. There is a business manager, a practice manager and an administration manager. They are supported by a team of reception and administrative staff.

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 are telephone consultations. If the GP needs to see a patient face-to-face an appointment is made.

The practice had been through a period of uncertainty and change. The current partnership, of two GPs, had been registered with the CQC since November 2019. In addition, there had been a recent high turnover of staff.

The National General Practice Profile states that 94% of the practice population are of white ethnicity, and 3% are Asian.

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

Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Extended access is provided locally by a separate provider. Late evening and weekend appointments are available.

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 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

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

Regulation

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

The provider had failed to have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:

- Not all information required under Schedule 3 was requested or held for staff.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider had failed to ensure all complaints were investigated, responded to and had appropriate action taken. In particular:

- Evidence was not kept of all complaints being investigated.
- Where a written response to complaints was made information about how to escalate a complaint was not always included.
- There was no evidence of responses being made for several complaints.

This was in breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to ensure the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. In particular:

- Although a private company had responsibility for some aspects of building safety and had carried out a health and safety risk assessment the provider did not hold routine regular health and safety risk assessments for the practice.

The provider had failed to ensure the proper and safe management of medicines. In particular:

- The provider did not have effective arrangements in place for authorising the practice nurse or pharmacist to administer medicines.
- The cold chain monitoring was not effective. A box containing medicine had become stuck to the back of the fridge, which can have an effect on the medicine.

This was in breach of Regulation 12 (1) 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. 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• Policies such as the recruitment policy and complaints policy were not being followed.• Policies such as the health and safety policy did not contain all the required information.• The system to ensure all staff received appropriate training was not effective.• The system for authorising practitioners to administer certain medicines was not effective.• Staff were unaware of the Freedom to Speak Up Guardian who can provide support and advice to staff who want to raise concerns.• Meeting minutes did not give sufficient detail to enable staff to have an understanding of matters discussed.• When poor performance of staff had been identified this was not acted on. <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying out of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The system for making improvements following significant events and complaints was not effective. We found not all significant events were monitored and evidence of learning was not kept.• The system for taking action when test results were received was not effective. We saw several results from March and April 2021 appeared to have not been actioned.

This section is primarily information for the provider

Enforcement actions

- The system for monitoring the cold chain was not effective. A box of medicine had been stuck to the back of the fridge and this had not been identified as a risk.

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