# The Uplands Medical Practice

## Inspection report

Bury New Road
Manchester
M45 8GH
Tel: 01617668221

Date of inspection visit: 01 September 2021
Date of publication: 14/10/2021

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 comprehensive inspection on 1 September 2021 at The Uplands Medical Practice on 1 September 2021. Overall, the practice is rated Requires Improvement.

Safe - requires improvement.

Effective - requires improvement.

Caring - requires improvement.

Responsive – requires improvement.

Well-led - inadequate.

Following our previous inspection on 23 September 2020 the practice was rated Requires Improvement overall and for all key questions and population groups. The full reports for previous inspections can be found by selecting the 'all reports' link for The Uplands Medical Practice on our website at www.cqc.org.uk

**Why we carried out this inspection**

This inspection was a comprehensive inspection and occurred because the practice had previously been rated Requires Improvement.

**How we carried out the inspection**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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
- information from the provider, patients, the public and other organisations.

# Overall summary

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

This inspection was an announced comprehensive inspection. We carried out this inspection to follow up on the issues raised at the last inspection.

We found that some of the concerns from our previous inspection has been addressed however others had not and additionally we identified new concerns.

We have rated this practice as Requires Improvement overall. The concerns that we found related to all population groups and so we rated the population groups as Requires Improvement overall.

**We rated the practice requires improvement for providing safe services because:**

- Some patients' medicines were not well managed.
- Information gathered during follow-up consultations lacked consistent detail about patient's specific care needs.
- Actions from an infection control audit required completing.
- Improvements had been made to safeguarding processes and to the way significant events were managed.

**We rated the practice requires improvement for providing effective services because:**

- Childhood immunisations were below the recommended target in two of the five areas.
- Cervical screening rates were below the England target of 80%.
- The need to improve immunisations and screening had been identified by the practice and work was ongoing to improve uptake.
- Clinical audits required improvement and there was no plan of clinical audit to test the effectiveness of the service.

**The practice was rated requires improvement for providing caring services because:**

- Feedback from patients about the service remained below local and national averages.
- Although some steps had been taken to address the issues, significant elements of patient feedback was still negative.

**We rated the practice as requires improvement for providing responsive services because:**

- Complaints were again not well managed.
- Feedback from patients about access to the service and the standard of the service they received remained well below local and national averages.
- The practice had taken some action to improve access for patients, however there was no evidence yet that this was impacting on patient experience and survey data.

**We rated the practice as inadequate for providing well-led services because:**

- The practice was still going through a period of change in the staff team. New relationships were emerging, which need to be established fairly and firmly to take the practice forward. These changes were re-establishing the practice team for the future development of the service.
- The practice did not have a strategy for staff retention. The high turnover of practice managers in the last five years had a detrimental impact on the service. Staff commented this had impacted on the stability of the practice and the smooth running of the service.

# Overall summary

- The practice still did not always have clear and effective processes for managing risks and performance. There was no plan of clinical audits used to test the effectiveness of the service and to monitor quality and to make improvements.
- The practice did not always act on appropriate and accurate information to improve the service.
- The process of identifying and making improvements had started but there was little evidence of impact.
- Some of the concerns identified at the previous inspection had not been effectively addressed.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way for patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements as they are in breach of regulations are:

- A record should be made of when GPs had offered or used a chaperone.
- Establish a more efficient system for storing information about referrals.
- Establish regular clinical meetings for the purpose of providing more time for discussing more complex issues.

The Care Quality Commission will refer to and follow its enforcement process in taking action that reflects these circumstances.

**Details of our findings and the evidence supporting our ratings are set out in the evidence table.**
**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

## 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 inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team also included a GP specialist advisor who spoke with staff and completed clinical searches, and a member of the CQC pharmacy team who spoke with staff and reviewed records while visiting the practice.

## Background to The Uplands Medical Practice

The Uplands Medical Practice is located in Bury in Greater Manchester:

Bury New Road

Bury

Manchester

M45 8GH

The provider is registered with CQC to deliver the Regulated Activities:

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

The practice is situated within the Bury Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 8,153 patients. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is five on a scale of one to ten. The lower the decile, the more deprived the practice population is relative to others.

The service is provided by nine clinicians including eight GPs, five female, three male and one male advanced nurse practitioner. One GP is a partner, three GPs are salaried, five are locum GPs and one is a locum advanced nurse practitioner. There are three locum practice nurses and one healthcare assistant. The practice has a pharmacist who works one day a week and is employed by the GP Federation and works as part of the Primary Care Network, and a locum pharmacist who works a minimum of 25 hours per week. There is a team of administration staff including a GP assistant, care navigators and two medical secretaries.

The National General Practice Profile states that the practice population is predominantly white, making up 89% of the registered patient list size; 6% are from an Asian background with a further 5% of the population originating from black, mixed or other non-white ethnic groups.

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 a GP or the advanced nurse practitioner needs to see a patient face-to face then the patient is offered a video consultation as required or a face-to-face appointment is offered. Practice nurses, health care assistants and the GP assistant predominantly see patients face to face, with telephone consultations provided as appropriate.

Extended access is provided locally by The Bury GP Federation where late evening and weekend appointments are available. Out of hours services are provided by BARDOC.

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 | Regulation |
| --- | --- |
| Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury<br>Maternity and midwifery services<br>Diagnostic and screening procedures | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**How the regulation was not being met:**<br>• There were delays in handling repeat prescription requests which meant patients occasionally went without medicines.<br>• On the day of the inspection maximum temperature readings for the vaccine refrigerator demonstrated that vaccines were not kept at the required temperature. |