

Drs Adab, Chavdarov, Chen, Chew-Graham, Hill, Ratcliffe and Siebert

Quality Report

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Date of inspection visit: 20 March 2017

Date of publication: 06/04/2017

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 service

Good



Are services safe?

Good



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Chorlton Family Practice on 4 February 2016. The overall rating for the practice was requires improvement with the key questions of safe and effective rated as requires improvement. The full comprehensive report on the February 2016 inspection can be found on our website at <http://www.cqc.org.uk/location/1-544250271>

This inspection was an announced focused inspection carried out on 20 March 2017 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 4 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- At our inspection in February 2016 we found that appropriate recruitment checks had not always been conducted prior to employment and that some GP

and locum GP files were incomplete. We also saw that appropriate Disclosure and Barring Service (DBS) checks had not been carried out for staff acting as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At this inspection, we saw evidence that all staff recruited since our last inspection had been checked appropriately prior to employment. We also saw that information held at the practice for GPs and locum GPs was complete and that all staff at the practice had had a DBS check.

- During our previous inspection we found that some staff had not received appraisals in the preceding 12 months although these had been scheduled for dates following our visit. At this inspection visit we saw that all staff had received an appraisal within the last 12 months.
- At our inspection in February 2016 we found that the system in place to monitor and audit the traceability of the prescription paper used in the practice was insufficient. At this inspection, the practice showed us evidence that all prescription paper in the practice was held and logged securely.

Summary of findings

- We saw in February 2016 that improvements indicated by audits conducted by the practice were not always implemented or monitored. We viewed audit work undertaken by the practice since the inspection in 2016 and saw that the audit process was comprehensive and supported practice quality improvement.
- During our previous inspection we saw that lessons learned as a result of patient safety alerts and incident reports were not always shared to ensure that action was taken to improve safety in the practice. At this inspection we saw that the process for dealing with patient safety alerts and incident reports was sound and that patient safety was not compromised.
- At our inspection in February 2016 we saw no evidence that there was a system to check the expiry dates of drugs in the practice. We saw at this inspection that there was a system in place and that expiry dates were checked regularly.
- During our inspection in February 2016, we found that there were systems lacking in relation to staff making patient home visits. There was no policy for staff lone working and the blood samples that were collected were not always managed appropriately. During this inspection we saw that there were safe systems in place for the transport of patient blood samples and that staff were protected with a comprehensive lone worker policy.
- At our inspection in February 2016 we observed that reception staff handled patient urine samples inappropriately, there was no policy in place and staff had not received appropriate training. At this inspection, we saw that staff had all received training in handling patient samples, there were gloves available if necessary and that there was a policy in place.
- At our previous inspection, we saw that practice policies in relation to patient care were not always reviewed in order to ensure that they were consistent with current guidance. We also found that some staff were not always aware of practice policies. At this

inspection, we saw that there was a process in place to update policies when necessary in line with current guidance and staff demonstrated that they were aware of practice policies and where to find them.

- During our inspection in February 2016 we found that staff acting as chaperones had not received comprehensive training. We also found that staff training records were not always accurate. At this inspection, we saw that staff acting as chaperones had received some training and that staff knowledge of procedure was safe although staff told us that further training would be appreciated. We also saw that while staff training records had been improved they were not always up to date and lacked detail.
- At our inspection in February 2016 we found that clinical staff meetings were infrequent and lacked structure. We saw at this inspection, that whole practice staff meetings happened every month and that there was an appropriate fixed agenda for these meetings. Clinical staff met at these meetings and also informally on an ad hoc basis.
- We found in February 2016 that the practice had no formal strategy for development in place. However, at this inspection we were given a very comprehensive practice report for 2016 and strategic plan for 2017 to 2020.
- Following our inspection in February 2016, we published a report that contained information that we had agreed was incorrect and had agreed to remove. We did see evidence that the practice had responded in a timely manner to feedback from sources including the national GP patient survey and information from the NHS Choices website.

The areas of practice where the provider should make improvements are:

- Provide further training to staff acting as chaperones.
- Update the records of staff training to include completed training dates for all training courses undertaken.

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?

The practice is rated as good for providing safe services.

Good



- We saw that lessons learned as a result of patient safety alerts and incident reports were shared to ensure that action was taken to improve safety in the practice. Staff had lead roles to ensure that action was complete.
- There was a good system in place to check the expiry dates of drugs in the practice.
- The practice had installed coded locks on prescription printers to secure loose prescriptions and had a system in place to monitor and audit the traceability of the prescription paper.
- All practice staff, including those who were acting as chaperones, had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out appropriate recruitment checks for staff prior to employment and GP and locum GP files were complete.
- There was a policy in place to allow reception staff to handle patient urine samples appropriately and staff were trained in this policy. Disposable gloves were available on reception.
- The practice had a lone worker policy with appropriate risk assessment processes in place and all samples were stored and transported safely. Staff had access to spill kits in the event of spillage of patient body fluids.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff told us how practice policies in relation to patient care were reviewed in order to ensure that they were consistent with current guidance and clinical staff had access to these policies and were aware of them.
- The practice implemented improvements indicated by audits conducted by the practice and monitored these improvements. We saw examples of four re-audits conducted in the last two years.
- All staff had received appraisals in the preceding 12 months where mandatory training was reviewed and monitored as complete.

Summary of findings

- Staff training records were not always accurate. Training details collected from appraisals were not always recorded and there was evidence of training in staff files that was not recorded on the staff training record.
- Staff acting as chaperones had received training in the form of procedure information added to the practice policy. However, staff told us that they would appreciate more comprehensive training and the practice said that they would provide this.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and effectiveness identified at our inspection on 4 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544250271>

Good



People with long term conditions

The provider had resolved the concerns for safety and effectiveness identified at our inspection on 4 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544250271>

Good



Families, children and young people

The provider had resolved the concerns for safety and effectiveness identified at our inspection on 4 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544250271>

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and effectiveness identified at our inspection on 4 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544250271>

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and effectiveness identified at our inspection on 4 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544250271>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and effectiveness identified at our inspection on 4 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-544250271>

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Provide further training to staff acting as chaperones.
- Update the records of staff training to include completed training dates for all training courses undertaken.

Drs Adab, Chavdarov, Chen, Chew-Graham, Hill, Ratcliffe and Siebert

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector visited the practice and carried out a focused inspection.

Background to Drs Adab, Chavdarov, Chen, Chew-Graham, Hill, Ratcliffe and Siebert

Chorlton Family Practice is based in Chorlton, Manchester and is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has 14,993 patients. The practice provides services under a General Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical

area is 76 years for males and 81 years for females, both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register are generally similar to the average GP practice in England.

There are a higher number of female patients from 30 to 50 years of age than the national average. There is the same percentage of patients with a long-standing health condition as the national average of 53%.

The service is a merger of four practices three of which joined in October 2014 to stabilise the workforce and to provide a consistent service in the community. In order to strengthen this service model, one further practice joined in October 2016. There are six GP partners, three salaried GPs and one GP long-term locum. We were told that one of the GP partners will leave in April 2017 and the GP locum will become a GP partner. There is a practice business manager who is also an advanced nurse practitioner, a patient and financial services manager, an administrative manager, a further advanced nurse practitioner, a nurse practitioner, two nurses and two healthcare assistants as well as a large number of reception and administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.

The practice is based in a purpose built building with access for people with mobility problems. There is on-site parking including specific parking bays for people with disabilities. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as midwives.

Detailed findings

The practice is open Mondays to Fridays from 7am to 6:30pm on Mondays and Tuesdays and from 8am to 6.30pm on Wednesdays to Fridays. There are also late appointments offered on Monday to Friday from 6.30pm to 8.30pm. There is a surgery from 8:30am to 11am on alternate Saturdays and a further surgery on Sundays from 8.30am to 2.30pm. There is no telephone access to the practice after 6.30pm on weekdays or at weekends. In addition to pre-bookable appointments that can be booked up to a month in advance, urgent appointments are also available for people that need them such as young children or the elderly. Online appointments, home visits and telephone consultation services are also available. Patients requiring a GP outside of normal working hours are advised to call the 111 service who will direct them to the Out of Hours provider GotoDoc.

Why we carried out this inspection

We undertook a comprehensive inspection of the Chorlton Family Practice on 4 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in February 2016 can be found on our website at <http://www.cqc.org.uk/location/1-544250271>

We undertook a follow up focused inspection of the Chorlton Family Practice on 20 March 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 was now meeting legal requirements.

How we carried out this inspection

We carried out an announced focused inspection of the Chorlton Family Practice on 20 March 2017.

During our visit we:

- Spoke with a range of staff including the practice business manager, the patient and financial services manager, the practice administrative manager, a practice nurse, a practice healthcare support worker, two members of the practice administration team and two GP partners.
- Observed how patients were being cared for in the reception area.
- Reviewed a range of practice documentation.

Are services safe?

Our findings

At our previous inspection in February 2016 we rated the practice as requires improvement for providing safe services as we found that the risks to the health and safety of service users receiving care and treatment at the practice had not been appropriately assessed. There was evidence of a lack of appropriate checks conducted before employment and also checks required for staff acting as chaperones. Some GP and GP locum files in the practice were incomplete. The system for monitoring and auditing the traceability of prescription paper in the practice was insufficient. We also indicated areas for improvement including the management of patient safety alerts and systems to check the expiry date of drugs in the practice.

These arrangements had significantly improved when we undertook a follow up inspection on 20 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- Lessons learned as a result of patient safety alerts and incident reports were shared to ensure that action was taken to improve safety in the practice and we saw minutes of meetings where these were discussed. Staff had lead roles in the management of patient safety alerts and took responsibility for ensuring that any necessary action was put in place.

Overview of safety systems and process

- We saw evidence that there was a system to check the expiry dates of drugs in the practice. These checks were made at the same time as regular stock checks and during the monitoring of practice refrigerator temperatures. Staff told us that dates were checked regularly and we saw that refrigerated drugs were all in date.
- The practice ensured the security of loose prescriptions in the practice. They had a practice policy that ensured that only staff issuing prescriptions had them in their

room. Where prescriptions were stored in printers, the practice had installed coded locks to ensure that they could only be accessed by those staff who were authorised to do so. There was a comprehensive system in place to monitor and secure all prescriptions in the practice.

- We saw evidence that all staff in the practice, including those acting as chaperones, had had a Disclosure and Barring Service (DBS) check carried out. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had updated their recruitment policy to reflect this.
- We reviewed four personnel files for staff who had been recruited since our last inspection in February 2016, including a file for a salaried GP and one for a locum GP. We saw that appropriate recruitment checks had been conducted prior to employment and that the GP files were complete and contained all the information that would be expected.

Monitoring risks to patients

- The practice had updated their infection prevention and control policy to include a policy for the handling of patient samples and all staff had been trained in this. We saw that there were gloves available for use by staff in reception and staff told us how they would collect and handle patient samples appropriately.
- The practice had introduced a lone worker policy, including possible necessary risk assessments, for staff making patient home visits and staff were trained in this. We saw a record of information held by the practice for these staff and staff told us how they would keep the practice informed of their situation when they were on a home visit. Patient blood samples that were collected were stored and transported appropriately and we saw how this happened. Staff had access to spill kits for any unexpected spillages of patient body fluids.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 February 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisal needed improving. We also indicated areas for improvement including the management of practice policies and staff training.

These arrangements had significantly improved when we undertook a follow up inspection on 20 March 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

- The practice reviewed policies in relation to patient care in order to ensure that they were consistent with current guidance. There was a practice policy for this and we were told by staff how this happened. All clinical staff had access to NICE guidelines online and also practice clinical policies and procedures both online and in hard copy. There was an online directory of practice policies and procedures on the practice shared drive and also printed copies which were available to all staff. Staff we spoke to demonstrated that they were aware of these policies and procedures. The practice had recently purchased a new software system for practice management and governance and told us that when policies and procedures needed updating, the practice would automatically receive copies of these updated policies.

Management, monitoring and improving outcomes for people

- We reviewed copies of audits conducted over the last two years. We saw that there had been 10 audits and four of these had been re-run to monitor improvements

that had been put in place. We saw minutes of meetings where audits were discussed and these discussions and learning points were recorded on the audit reports. Audits were available online to all staff on the practice shared drive.

Effective staffing

- All staff had received appraisals in the preceding 12 months and appraisal records were stored in staff files. New staff had received an interim short appraisal after their probationary period at the practice. Staff training needs were assessed at appraisal and training that had been undertaken in the preceding 12 months was checked. There was evidence that training records were not updated appropriately. Appraisal records indicated that training had been undertaken but dates of this training had not been transferred to the overall staff training record for the practice. There were also some certificates for training in staff files that had not been recorded on the overall training record.
- We saw that staff acting as chaperones had received training for this. The practice had provided training by adding details of the procedure for acting as a chaperone to the practice policy as they said that they had not been able to source any external or online training. The policy had also been changed so that clinical staff would always act as a chaperone before any non-clinical staff member. This meant that there was only a very small amount of time in the evening when non-clinical staff would act as a chaperone. Non-clinical staff told us how they would act as a chaperone and we saw that this was safe; however, they also said that more comprehensive training would be appreciated. The practice told us that they would provide in-house training in the near future and continue to try to source some additional training.