

Peel Hall Medical Practice

Inspection report

Forum Health
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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 well-led?

Good



Overall summary

This practice is rated as Good overall. (Previous rating 14 August 2017– Good)

Are services well-led? - Good

We carried out an announced comprehensive inspection at Peel Hall Medical Practice on 14 August 2017. The overall rating for the practice was good with key question Well led rated as requires improvement. At that inspection we found improvements were needed as the practice had failed to implement effective systems of governance and this led to gaps in quality monitoring. We issued one requirement notice in respect of Good governance; Regulation 17 HSCA (RA) Regulations 2014.

The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for Peel Hall Medical Practice on our website at

This inspection was a focused visit on 11 July 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 14 August 2017.

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

At this inspection we found:

- The principle GP lead advised the practice had not yet achieved or completed improvements in all the areas that were planned. The practice had experienced a challenging several months whereby key personnel were not available. The impact of this had resulted in the practice prioritising activities to ensure a safe service was delivered to patients.
- The practice provided an action plan with timescales of the areas that required action.

However, the practice had implemented the following areas of improvement:

- A set agenda for practice meetings was established and this included quality improvement items to underpin the governance of the practice. Agenda items included, significant events, safeguarding, nurse items, prescribing, QOF and practice 'niggles'.

- All staff now attended the practice meeting and minutes detailed the discussion undertaken including significant events and the actions taken by the practice in response to these.
- Systems to improve infection control and prevention (ICP) had been implemented. All policies and procedures were available and up to date and staff had received training in ICP.
- A plan of clinical audit was available however the principle GP lead confirmed that further work was required to ensure clinical re-audit was implemented and the findings shared effectively for the benefit of the practice. This was itemised on the practice's ongoing action plan.
- A comprehensive training matrix was available that demonstrated staff had received regularly training. Staff had time allocated monthly to undertake online training.
- Systems to improve monitoring and oversight of safeguarding and the practice patients identified at risk were implemented and effective. Good communication links were established with community health and social care safeguarding professionals.
- Systems to improve appraisals for the practice nursing team were being implemented with appraisals scheduled and agreed for early August 2018.
- Recruitment records for locum staff had improved. However, there was recognition that further improvements were required and this included introducing an occupational health questionnaire and reviewing workplace risk assessments. This was included on the practice's ongoing action plan.
- The practice had reviewed its stock of emergency medicines.
- Practice policies and procedures had been and continued to be reviewed and updated.

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

- Continue to implement the established action plan:
 - Recruitment processes and staff support systems including occupational health assessments, work place risk assessment and staff appraisal are undertaken.
 - Improve systems of clinical auditing, monitoring and oversight to promote patients' outcomes and underpin clinical governance.

Overall summary

- Take action to re-establish the frequency of staff meetings for all staff.
- Policies and procedures are reviewed and updated at regular intervals.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

A CQC lead inspector visited the practice.

Background to Peel Hall Medical Practice

Peel Hall Medical Practice is situated at Forum Health, Simonsway, Wythenshaw, M22 5RX. It is housed in a purpose-built health and community services building and has occupied these premises since 2006. The practice is part of the NHS Manchester Clinical Commissioning Group (CCG) and provides services under a general medical service (GMS) contract with NHS England. It has approximately 9100 patients on its register. The practice website address is

All patient treatment rooms are situated on the ground floor of the surgery. The practice is situated in the Forum centre in Wythenshaw, with access to a range of health and social facilities. There is limited patient parking, however public pay-and-display parking is available and there is easy access to public transport.

Services at the practice are provided by the principal male GP assisted by two male and five female salaried GPs. There is a clinical pharmacist, two practice nurses, an assistant practitioner working at the surgery together with a practice manager, an assistant practice manager and eight members of reception and administration staff.

The surgery is open to patients between 8am and 6.30pm on weekdays with extended hours appointments offered on Thursday evenings until 7.30pm and Saturday mornings. The practice is closed for two hours on a Wednesday between 1pm and 3pm and arrangements are in place to direct patients to the local Out of Hours GP

service. The practice offers a walk-in surgery every day from 8.30am to 10am where patients can attend without an appointment. Further bookable appointments are from 2pm to 5pm every afternoon.

The practice is also part of a local federation of practices that serves about 45,000 patients.

Through this arrangement, patients can also access appointments at one of three different locations, including Peel Hall, from 6pm until 8pm on weekdays and from 8.30am to 12 noon on Saturday. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for patients requiring them. Telephone appointments and home visits are also available as well as online booking.

When the practice is closed, patients are able to access out of hours services offered locally by telephoning NHS 111.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average life expectancy is lower for males at 74 years when compared with the national average of 79 years. Female life expectancy is also lower at 78 years compared with the national average of 83 years.

The practice has a slightly higher number of patients under the age of 18 years, 25% compared with the CCG average of 24% and England average of 21%. There is also a slightly higher number of patients over the age of 65 years (11%) compared with the CCG average (10%). The largest age group of patients registered at the practice are between 15 and 44 years.

The practice provides, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services well-led?

We rated the practice as good for providing a well-led service.

At our previous inspection on 14 August 2017, we rated the practice as requires improvement for providing well led services as the governance arrangements required improvement. For example, practice meetings did not always include all staff or document clearly discussion about quality improvement including significant events. Infection prevention and control required improvement and an overview of staff training, clinical audit, recruitment and some risk assessments also required improvement. Other areas identified for consideration included staff training in safeguarding, and reviewing medicines held at the practice for medical emergencies.

The focused inspection on 11 July 2018 identified improvements in many of these areas, with an action plan in place to improve all areas.

The practice is now rated as good for providing well led services.

Governance arrangements

The practice principle GP lead and practice manager confirmed that they had implemented plans to improve the quality of service they provided since the previous inspection in August 2017. They advised that this had been difficult because staffing both within the management team and clinical GP team had been unexpectedly reduced for several months and this had impacted on the progress made in the implementation of their action plan.

An updated action plan with timescales for completion was provided and this clearly identified the areas that the practice was working to achieve.

Systems to demonstrate clear roles, responsibilities, and accountability to support good governance and management had improved. For example:

- At our previous inspection in August 2017 we found clinical practice meeting minutes did not contain sufficient detail to demonstrate shared learning and development. The practice now held full staff meetings for all staff which was supported by a set agenda of quality review items. These included significant events, safeguarding, nurse items, prescribing (including patient safety alerts), and minor 'niggles'. We noted the meeting minutes included all attendees, and referenced where the minutes were stored on the practice shared drive.

The quality of information recorded had improved and minutes now contained more information about the significant events discussed, the outcome following investigation and the changes to the quality of care. The practice manager confirmed these meetings had not been undertaken at the planned monthly frequency due to the staffing issues encountered in the previous several months. The principle GP lead stated that staffing levels were now improved and they expected these meetings to recommence monthly.

- At our previous inspection we noted that there was lack of clarity around the infection control and prevention (IPC) clinical lead and the practice did not have all the policies for IPC. The principle GP lead was now the designated IPC lead and a range of updated policies and procedures were available. Records were available to demonstrate staff had received training in infection prevention and control.
- We viewed briefly, a range of policies and procedures. These were up to date. The practice manager confirmed that staff were advised of policy updates by email and at practice meetings. They confirmed that the ongoing review and development of the practice policy file was part of their action plan for continuous improvement.
- The principle GP lead confirmed that the practice pharmacist and GPs undertook medicine and clinical audits and we viewed the plan of clinical audits undertaken since 2016. The GP confirmed that further work was required to ensure clinical re-audit was implemented and the findings shared effectively for the benefit of the practice. This was itemised on the practice's ongoing action plan.
- Our previous inspection identified that staff had access to online training although this was not monitored sufficiently to ensure staff were up to date with their training requirements. At this inspection a comprehensive training matrix was available that demonstrated staff had received regularly training and provided a management overview of training. The practice manager confirmed that all staff had time allocated monthly to undertake online training.
- Training records demonstrated all staff had received safeguarding training relevant to their role. The principle GP lead confirmed following our last inspection they had reviewed how the practice managed their

Are services well-led?

safeguarding registers of patients. One GP was now the clinical lead for this and was provided regularly time to review the registers of these patients to ensure they were up to date and information was acted on appropriately. We heard that good communication links had been established with community health and social care safeguarding professionals.

- The GP confirmed that the clinical nursing team had not had a formalised appraisal but these were scheduled within the next month. However, the GP and practice manager were able to provide evidence of informal support to the nursing team. For example, one of the practice nurses was recognised within the locality for their work with patients who had chronic obstructive pulmonary disease and the practice health care assistant had implemented a weight management strategy which was very effective and in high demand from patients.

- We viewed a sample of recruitment records and checks for locum GPs and these were adequate. The practice manager confirmed that further improvements to the recruitment procedures were being implemented and this included introducing an occupational health questionnaire and reviewing workplace risk assessments.
- The practice had liaised with the pharmacist located next door to the surgery and reviewed the availability of emergency medicines available at the practice and readily available at the pharmacist. The principle GP lead confirmed they had access to emergency medicines if required.

Please refer to the evidence tables for further information.