

St George's Medical Centre

Inspection report

St Georges Drive
Moston
Manchester
Greater Manchester
M40 5HP
Tel: 0161 870 3449

Website:
www.stgeorgesmedicalcentremoston.nhs.uk

Date of inspection visit: 23 OCT 2018

Date of publication: 20/11/2018

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 safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as Good overall. (Previous rating June 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at St Georges Medical Centre.

At this inspection we found:

- Personalised care plans were not in place to meet patient's individual needs or reflect their individual preferences.
- Not all staff were aware of current evidence based guidance, for example one GP was not aware of the frailty index for older patients.
- The practice had systems in place to document significant events but clinical and non-clinical staff lacked understanding of what constituted a significant event, with threshold for reporting significant events extremely high.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Assess the need to develop a programme of full team meetings and minute clinical meetings held.
- Infection control should cover all areas in the practice and have a completed action plan.
- Patient Participation Group (PPG) to be more focused on the wider scope of patients.
- Develop a job description for the new role within the practice.

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	Requires improvement	
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

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to St George's Medical Centre

St Georges Medical Centre is the registered provider and provides primary care services to its registered list of 7,000 patients.

The practice is situated in an area at number one on the deprivation scale (the scale categorises between one and ten, the lower the number, the higher the deprivation).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the

regulated activities of diagnostic and screening procedures; surgical procedures; maternity and midwifery services and treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address:

St Georges Drive

Moston,

M40 5HP

The practice is a teaching practice for medical students.

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. There was a non-clinical lead within the practice to ensure there was a direct point of contact to external organisations.
- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, one established staff member had recently started a new post in the practice and there was no job description for this newly developed post.
- There was a system to manage infection prevention and control (IPC). Annual audits had been undertaken. However, we observed general waste bins in the consultation rooms, being used as clinical waste bins. This had not been identified within the recent IPC audit. Within the annual IPC audit there was no action plan in place.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. For example, the practice had a poster in the reception area on sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Personalised care plans were not in place to meet patient's individual needs or preferences.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice used a system to review and analyse their prescribing and high-risk medicines called Rapid Actionable Insight Driving Reform (RAIDR).
- The practice had one dedicated staff member to deal with all patients' requests for repeat medicines.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

Are services safe?

line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the lead GP and medical staff for this extended role.

Track record on safety

- We found some risk assessments within the practice had not taken place. For example, we observed trip hazards, such as loose wires in all consultation rooms and in the entrance of the building. Also, there was exposed pipes in the patient reception area. After the inspection, we were sent photographic evidence, confirming the wires and pipes were no longer a hazard to patients.
- The building was in poor condition with patients and staff toilets showing signs of damp.
- The disabled access into the premises was limited, with disabled access limited if the main entrance doors were closed. We were told building quotes had been sourced and work was due to commence within six weeks to replace the entrance door with an automatic door.

- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The practice had a significant event process but all staff lacked understanding of what constituted a significant event, with clinical staff threshold for reporting significant events extremely high.
- The practice had held an annual review for four significant events and minutes showed learning from these had been documented. However, clinical and non-clinical staff we spoke to on the day could not recall ever being involved in a significant event and were not aware what constituted as an incident.
- Significant events had been recorded on a system called Datix, an external reporting system which feeds back any incidents or events direct to Manchester Health and Care Commissioning (CCG).
- The practice had no clinical lead responsible for overseeing the process within the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice good for providing effective services. With all but one of the population groups rated as Good. The population group older people is rated as requires improvement.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. However, this was not through the sharing of care plans.

Older people:

- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. However, one of the clinicians was unaware of the fragility index, with one patient reviewed by the inspection team showing the fragility index to be high with no further monitoring actions in place.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- GPs undertook home visits to older people who could not safely or easily attend the practice.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- There was a system for following up patients who failed to attend for administration of long term medication.

Are services effective?

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had developed an in-house process to ensure all referrals were actioned on the same day by a clinician and had a robust system to monitor all two week referrals to avoid any losses or delays that may have occurred.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, the practice had a clinical and non-clinical cancer champion, and had taken part in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

The practice has been involved with two pilots to help support patients:

- The practice was first in the UK to pilot Lung Health Check (LHC) with The Macmillan Cancer Improvement Partnership. Patients with a smoking history, aged between 55 and 74, who were registered at the practice, were offered a Lung Health Check (LHC). The aim of the pilot was to identify and diagnose lung disease earlier in smokers and former smokers. The one-stop-shop Lung Health check included a CT scan which took place within the mobile clinic, parked in the local community car park. This resulted in two patients being identified and treated within the practice.
- The practice is also currently taking part in “Straight2Physio” which gives patients access to a NHS physiotherapist without seeing the GP. This is working in conjunction with North Manchester General Hospital and other neighbouring practices.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients’ personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients’ privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people’s dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account patients needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice was part of the Manchester Integrated Neighbourhood Care Team (MINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice had clinical and non-clinical cancer champions. They were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice took part in a social prescribing scheme called "Be Well". The scheme is a referral system where patients receive a number of one-to-one sessions, which help to encourage and provide advice and tips on how to be well.
- There was a free phone direct to citizen's advice helpline available to all patients in the waiting room.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- There was a medicines delivery service for housebound patients provided by their local pharmacy.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice provided an in-house phlebotomy (taking blood) and ear syringing service.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The practice used a system that sent text messages to patients, informing them of test results and enabling them to make or cancel appointments.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There was additional out of working hours' access to meet the needs of working age patients with extended opening hours every Tuesday and Thursday. Evening and weekend appointments were also available via the local GP Federation.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- The practice had a mission statement but staff we spoke to were not aware of the statement.
- The practice had a realistic strategy to achieve future priorities.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Although the practice had clinical and non-clinical meetings taking place, we found a lack of minuted clinical discussions recorded and no full team meetings were held.

- Structures, processes and systems to support good governance and management were understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- There was a newly developed patient participation group (PPG), however the PPG meetings and members were based in a residential based community environment, which was more of a discussion for the residents and not representative of the entire population.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:There were no personalised care plans in place.One GP was not aware of the fragility index.