

Littletown Family Medical Practice

Inspection report


53 Manchester Road
Oldham
Greater Manchester
OL8 4LR
Tel: 0161 624 5457
www.littletownfamilymedical.nhs.uk






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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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Littletown Family Medical Practice on 12 February 2019 as part of our inspection programme. We previously inspected the practice 17 March 2015 and the practice was then rated as good in all domains.

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.

We have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice had only recently carried out its first infection control audit and did not have a plan in place to make the improvements required. Not all staff had received infection control training.
- A general fire risk assessment had been carried out in February 2010 and had not been updated. There was only one trained fire warden.
- Staff had incorrect information about checking medicine fridge temperatures, so actions had not been taken when the temperature was outside the safe range.
- Some sharps bins were not wall-mounted and had been opened since May 2017.
- Significant events were not adequately managed so learning was not identified or disseminated.
- The practice did not have sight of completed Disclosure and Barring Service (DBS) checks for all clinicians.
- The practice did not check that medical indemnity insurance was in place for all clinicians.
- The practice did not have a system to check the ongoing professional registration status of clinicians.

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

- The practice was unable to show that all staff had the skills, knowledge and experience to carry out their roles.
- The practice did not provide a formal induction for new staff.

- Staff did not receive ongoing supervision or regular appraisals of their performance so training and development needs were not identified.

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

- There was a lack of privacy in some clinical consultation rooms. Conversations could be overheard, and one door had an unobscured window.
- The practice had identified a low number of patients who were carers (0.1%) so appropriate support could not be offered.

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

- The system for managing complaints was not effective. Not all complaints were investigated or responded to, and where complainants did receive a response they were not provided with all the appropriate information. We saw no evidence of learning from complaints.

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

- The arrangements for governance did not always operate effectively. For example, we saw examples of generic policies not being personalised to the practice, and policies that had been reviewed but were not being followed.
- We saw examples of ineffective performance management. The practice manager had never had an appraisal and appraisals for other staff were irregular. Some tasks that had been delegated were not being performed.
- There was a limited approach to obtaining the views of patients. The patient participation group was not active and a patient survey carried out in early 2017 had not been repeated.
- Although the majority of recruitment checks were being carried out there was no system to monitor ongoing checks.
- Risks, issues and poor performance had not been identified and so had not been dealt with.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

Overall summary

- Ensure the privacy of the service user.
- Ensure there is an accessible system for identifying, receiving, recording, handling and responding to complaints.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Take action to increase the number of patients who are carers.
- Formalise the programme of clinical audits so they are well-recorded and reviewed.
- Relaunch the patient participation group so patient's view can be collected.
- Ensure sharps bins are secure and sealed within the appropriate time.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made

such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will 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 also included a GP specialist advisor.

Background to Littletown Family Medical Practice

Littletown Family Medical Practice is located at 53 Manchester Road, Oldham, OL8 4LR. This is a purpose-built practice and it is not currently part of any wider network of GP practices.

The practice is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 4,328 patients. The practice is a member of Oldham Clinical Commissioning Group (CCG).

There are two GP partners, but one is no longer practising and is not involved in the running of the practice. The other partner is the lead GP (female) and there are two salaried GPs (one male and one female) and a regular male locum GP. There is a practice nurse, a healthcare assistant and a locum care coordinator who worked one day a week. There is a practice manager supported by administrative and support staff.

In addition to the extended hours operated by the practice on a Monday evening, the CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm on weeknights and from 10am until 2pm at weekends at three hub locations across Oldham. borough.

The patient age profile for the practice is in line with the CCG average. Life expectancy for males is 75 years, which is below the CCG average of 76 years and the national average of 79. Life expectancy for females is 79 years, which is below the CCG average of 80 and the national average of 83. 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 National General Practice Profile states that 46.1% of the practice population is from a black and minority ethnic (BME) background.

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

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

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The registered person did not always ensure the privacy of the service user. In particular:

- Patients had to walk through one clinical room to reach another clinical room. There was an unobscured window in the door of the first room. Conversations could be heard between the two rooms.

This was in breach of Regulation 10(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
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 registered person did not ensure that any complaint received was investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation. In particular:

- Not all complaints were investigated.
- Not all complaints were discussed within the practice and learning from complaints was not recorded.

The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:

This was in breach of Regulation 16(1) of the Health and

- All complaints were recorded by staff as incidents and one staff member then decided if they were to be treated as a complaint. This was not monitored.

This section is primarily information for the provider

Requirement notices

- A response was not made to all complaints, and when a response was given it did not always provide information about how to escalate a complaint.

Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to fire, infection control and the cold chain.• The provider did not have an effective system for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.• Some policies had not been personalised to the practice and some policies were not being followed.• The training programme was not managed effectively in that several training courses were completed in the two weeks prior to the inspection. <p>The registered provider did not always 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 on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• There was no system for checking medical indemnity insurance was up to date.• There was no system for checking the on-going professional registration of clinicians.• The practice did not have sight of all completed DBS checks that had been requested for clinicians.• There was no system to ensure staff had an annual appraisal or appropriate supervision.

This section is primarily information for the provider

Enforcement actions

The registered person did not have a system to seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The patient participation group had last met in December 2017 and was no longer active.
- Feedback given in the form of a complaint was not always acted on.

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