

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Peel Hall Medical Practice on 9 November 2020 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 3 September 2019 where the practice was rated inadequate overall due to significant concerns in relation to safety, quality and governance within the practice. The practice was placed into special measures and issued with warning notice for regulation 17 and requirement notices for regulations 19 and 16.

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 requires improvement overall.

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

- We found that some improvements had been made, most notably in areas such as recruitment and safety systems to identify and mitigate risk associated with the premises. We found that the practice was unable to demonstrate fully effective systems regarding identification and mitigation of clinical risk in relation to emergency medicines, monitoring patients taking medicines with a high risk, and the lack of evidence of the maintaining supervision of non-medical prescribers and oversight of medicine safety alerts. Following the inspection, the practice provided evidence that supervision of non-medical prescribers had been maintained but this was not always in line with the practice policy of quarterly.

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

- We saw that some improvements had been made throughout the practice, most notably in relation to risk associated with the premises and in some areas of governance. Practice staff and the new management team had clearly worked hard to achieve these improvements; however, we saw that further improvements were required. Areas of concern were identified in relation to systems and process to enable the practice to maintain safe care and treatment and achieve high levels of quality of care.

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

- We saw some improvement in some areas of quality data, but most remained below local and national averages and the practice was unable to demonstrate a plan to address these issues. We saw improvements in relation to training although some training had been delayed due to Covid-19.

We rated the practice as **good** for providing caring and responsive services because:

- The work the practice had completed in the community ensured the vulnerable received the care and treatment they required.
- Patient feedback was positive about the way the practice treated them.
- Improvements had been made to the management of complaints.
- The practice had considered ways to make appointments more accessible to patients including the addition of telephone consultations. Although patient satisfaction remained low in relation to access, the practice had taken action to address this, such as ordering a new telephone system.

Overall summary

We saw an area of **outstanding** practice by the practice;

- In response to the needs of their population, the practice provided over 200 hot meals for the local population, which were hand delivered by the practice staff to support their community during the difficult financial times brought about by the pandemic. They also supported 150 families with free school meals and another 50 of these meals were provided to food banks locally. The practice told us that they intended to repeat this regularly.

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

- 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:

- Improve the capture of complaints and significant events with overall trend analysis, to aid future learning. Develop the complaints system to have clear actions associated with them and that they are closed when no longer active.
- Continue to address high hypnotic prescribing so that the practice can demonstrate a sustained reduction in the area of prescribing.

This service was placed in special measures in September 2019.

Insufficient improvements have been made such that there remains a rating of inadequate for providing effective services overall and both the “people with long term conditions” and “people experiencing poor mental health” population groups. Special measures give people who use the service the reassurance that the care they get should improve. The service will still be kept under review and if needed could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within 6 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.

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	Good 
People with long-term conditions	Inadequate 
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	Good 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Peel Hall Medical Practice

Peel Hall Medical Practice is situated at Forum Health, Simonsway, Wythenshawe, M22 5RX. It is housed in a modern purpose-built health and community services building and offers ground floor access and facilities for disabled patients and visitors.

There is good access to public transport including the Metrolink and patient parking is available on the adjacent car park.

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

The practice is part of the NHS Manchester Clinical Commissioning Group (CCG) and provides services under a general medical service (GMS) contract with the CCG.

There were approximately 9,230 patients on the practice register at the time of our inspection.

Services are provided by Dr Ashraf Bakhat (the provider) and three male and three female salaried GPs. The practice also employs a pharmacist, two nurses (one of whom is an independent prescriber) and one assistant practitioner. The clinical team is supported by a practice manager, assistant practice manager, two medical secretaries and three administration staff in addition to a team of receptionists.

Information published by Public Health England rates the level of multiple 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.

On-line services include appointment booking and ordering repeat prescriptions. The practice is a teaching practice for medical students from Manchester University.

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
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice systems in place to ensure that patients on high-risk medicines were appropriately monitored were not always effective.• The provider could not demonstrate that systems to ensure that the practice was equipped with recognised emergency medicines was fully effective or that they had formally considered the risks of not carrying some medicines.• The arrangements for the identification and actioning of medicine safety alerts were not fully effective.• Systems to ensure that patients received proper diagnosis of long-term conditions that potentially posed a risk were not fully effective.• The follow-up system to improve quality outcomes for patients was ineffective, in particular for those patients with long-term conditions and low uptake on both childhood immunisations and cervical screening.• The provider was unable to demonstrate that clinical meetings had taken place to identify, discuss or mitigate risks to patients.• The provider was unable to demonstrate a system to ensure that clinical quality improvement activity was fully effective.

This section is primarily information for the provider

Requirement notices

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