

Chadderton Medical Practice

Inspection report


Chadderton Town Health Centre
Middleton Road, Chadderton
Oldham
Lancashire
OL9 0LH
Tel: 01619098144
www.chaddertonmedicalpractice.nhs.uk






Date of inspection visit: 21 March 2020
Date of publication: 27/04/2020

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?	Inadequate 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Chadderton Medical Practice on 21 February 2020 as part of our inspection programme.

The practice had previously been inspected on 12 March 2015. It had been rated good overall and good for each key question except safe, which was rated requires improvement. On 8 March 2017 we carried out a desk top review and received evidence of improvement. We then rated the key question safe good.

This inspection initially focused on the key questions safe, effective and well-led. During the inspection we opened up the caring and responsive key question due to concerns we had found.

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 with the following key question ratings:

Safe – inadequate

Effective – inadequate

Caring – good

Responsive – good

Well-led – inadequate.

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

- Safeguarding, fire and infection control training was not up to date.
- Actions required following a fire risk assessment had not been monitored or completed.
- Patient Specific Directions were not in place to allow the healthcare assistant to administer vaccinations.
- A clinician was not always at the practice and there was no formal arrangement to manage this.
- There was no protocol for managing repeat prescription requests for high risk medicines and appropriate blood tests were not always carried out prior to a prescription being issued.
- Sepsis training had not been carried out for all staff.

- The process for managing significant events was not effective and learning from significant events could not be demonstrated.

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

- The practice was below the local and national average for several of their performance indicators. There was little evidence of improvement and no formal plan to improve.
- There was no evidence of any two-cycle audits and where it had been identified that a second audit was required these had not been completed.
- Training was not well-managed; there were gaps in staff training and it was difficult to ascertain what training had been carried out as some evidence was kept in individual personnel files and not recorded elsewhere.
- There was no formal clinical supervision of employed clinical staff and the partners had no involvement in the appraisals of their clinicians or of the practice manager..

We rated the practice as **good** for providing caring services.

We rated the practice as **good** for providing responsive services.

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

- The partners did not understand the challenges to the practice and had not identified any of the areas of concern we found.
- The partners had not considered the clinical effectiveness of their employed clinicians.
- Gaps in governance systems had not been identified. Some policies had not been reviewed for several years and not all policies were followed.
- The website contained outdated information.
- There was no formal process to manage risks.
- There was no focus on learning and improvement.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

- Ensure persons employed by the service provider receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

In addition, the provider should:

- Work to accurately identify carers so appropriate support could be offered.

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	Inadequate	
People with long-term conditions	Inadequate	
Families, children and young people	Inadequate	
Working age people (including those recently retired and students)	Inadequate	
People whose circumstances may make them vulnerable	Inadequate	
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 and a second CQC inspector.

Background to Chadderton Medical Practice

Chadderton Medical Practice is the registered provider and provides primary care services to its registered list of approximately 5310 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of NHS Oldham Clinical Commissioning Group (CCG). 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 procedure, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder and injury.

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

Chadderton Town Health Centre
Middleton Road
Chadderton
Oldham
OL9 0LH

The practice has a website that contains information about what they do to support their patient population and the in-house and online services offered at www.chaddertonmedicalpractice.nhs.uk

There are three GP partners (two male and one female) and two long-term locum GPs (one male and one female). There are two practice nurses, a healthcare assistant and a clinical pharmacist. There is a practice manager and several administrative and support staff.

The opening hours are:

Monday - 8am – 6.30pm

Tuesday - 8am – 8.30pm

Wednesday - 7am – 6.30pm

Thursday – 7am – 6.30pm

Friday 8am – 6.30pm

In addition to the extended hours operated by the practice, there is an extended hours service which operates between 6.30pm and 9pm on week nights and from 9am until 2pm at weekends and bank holidays at three hub locations across Oldham. There is also a local out of hours service provided through NHS 111.

The patient age profile for the practice is in line with the CCG averages. Life expectancy for males is 77 years, which

is above the CCG average of 76 years and below the national average of 79 years. Life expectancy for females is 80 years, which is the same as the CCG average and below the national average of 83 years. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to 10. Level one represents the

highest levels of deprivation and level ten the lowest. The National General Practice Profile states that 68% of the practice population is from a white background and 28% from an Asian background.

The practice is a training practice for year five medical students.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider had failed to ensure the proper and safe management of medicines;
Maternity and midwifery services	<ul style="list-style-type: none">• The provider did not have Patient Specific Directions in place to authorise the healthcare assistant to administer vaccinations.
Surgical procedures	<ul style="list-style-type: none">• The provider did not adequately manage repeat prescription requests for high risk medicines. Not all required tests were carried out prior to issuing prescriptions.
Treatment of disease, disorder or injury	<ul style="list-style-type: none">• The provider did not always follow guidance issued by the National Institute for Health and Care Excellence.• The provider did not have a system to review medicine management policies, some of which had not been reviewed for several years.
	The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:
	<ul style="list-style-type: none">• The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children or adults training for their roles.• The provider had not ensured that all staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.
	The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:
	<ul style="list-style-type: none">• The provider had not completed actions required following a fire risk assessment carried out in July 2019.

This section is primarily information for the provider

Enforcement actions

Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to put in place systems and processes that were established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- The provider did not regularly review policies and protocols.
- The provider was unable to provide pathways and protocols for some diseases and illnesses.
- The provider did not have a system in place for dealing with requests for repeat prescriptions.
- The provider did not keep minutes for all meetings, for example safeguarding meetings.
- The provider did not have a system to record, collate, monitor and review significant events. Learning was not shared as appropriate.
- The provider did not have a system to monitor or review complaints.
- The provider did not have a system to identify patients who were carers so appropriate support could be offered.

The provider had failed to 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:

- The provider did not carry out two-cycle audits to demonstrate improvement and learning. Where a second cycle audit had been identified as necessary they had not been completed.
- The provider did not have a system in place to manage the times no clinicians were at the practice.
- The provider had failed to act on issues identified by their fire risk assessment.

Regulation 17 (1)

This section is primarily information for the provider

Enforcement actions

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. In particular:</p> <ul style="list-style-type: none">• The provider did not ensure that all staff, including clinicians, had appropriate training.• The provider did not monitor the training for any staff member. The clinical competence of clinical staff members had not been assessed.• The provider did not give clinical supervision to clinicians at the practice.• The provider was not involved in the appraisal process for any staff member, including clinicians.• The provider did not ensure all staff had appropriate support and appraisals. <p>Regulation 18 (2)</p>